

**Ministries of Science and Higher Education and Health of the Federal Democratic  
Republic of Ethiopia**



**New Innovative Medical Education Initiative 2018/19**

**Registration Form**

<b>A. Personal Details</b>								
1. Full name include grandfather's(print name) Name: _____ Father's : _____ Grandfather's: _____								
2. Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/>		2.1 Place of Birth :						
<i>(Please present valid Kebele Identification card) Fill the Date of birth as : DD [DAY] Month[MM]YY[Year]</i>								
3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality :						
<b>B. Address</b>								
4. Region / City:	Sub City/Zone:	Woreda						
<b>C. Contact Detail</b>								
5. Phone(Home) :		Phone (Mobile):						
E-mail (Optional):								
<b>D. Educational Background</b>								
6. BSc. Degree in	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>HealthSciences</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Natural Sciences</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Computational Sciences</td> </tr> </table>	<input type="checkbox"/>	HealthSciences	<input type="checkbox"/>	Natural Sciences	<input type="checkbox"/>	Computational Sciences	Please specify the field :
<input type="checkbox"/>	HealthSciences							
<input type="checkbox"/>	Natural Sciences							
<input type="checkbox"/>	Computational Sciences							
7. GPA Upon completion of the specified BSc Degree: <i>(Please attach copy of student's transcript and degree. original will be needed on registration forr verification)</i>								
8. List of all degree Programs attended after high school graduation including the above								
University /College	Degree Awarded	Date of Graduation						

E. Work experience

Please list the organizations or institutes you have been working after graduation

9. Total Years of Service

10. Organization	Place			Position	Years of service
	Region	City	Woreda		

11. Leadership positions held (Please specify attach verifications):

F. Community Involvement: (Please mention your activities and participation in the community)

G. Health Status:

(Attach Health Certificate according to the admission criteria)

- Mention if you have any disability you would like to notify. \_
- Do you have history of Substance abuse? Yes \_\_\_\_\_ No \_

I the applicant have read the complete application, know the full content thereof, and declare all information contained herein and evidence or other credentials submitted herewith are true and correct.

I understand that falsification or any misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying of the education even after admission and be responsible legally.

The applicant Name: - \_\_\_\_\_

(Please print full name)

(Date)

(Signature)