



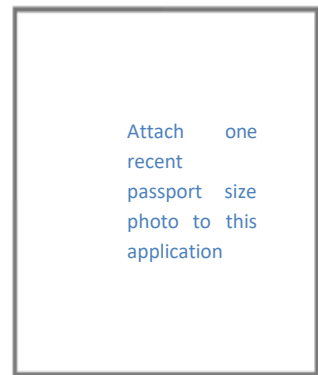
JIMMA UNIVERSITY

Office of the Registrar

Doctor of Medicine Training Program in collaboration with ALERT Hospital and ABH Services Plc in Addis Ababa

Application Form

(2017/18 Academic Year)



Instruction:

1. Applicants must pay a non-refundable application fee of **ETB 1,000.00** directly to the program cashier located on Bole Rd, In front of Millennium Hall, Addis Ababa (on ABH Building).
2. This form must be filled in a single copy and returned to ABH Services Plc no later than **Oct. 14, 2017**.
3. Use **BLOCK/CAPITAL LETTERS** to fill the application form.
4. First degree holders must send official transcripts of previous tertiary education directly mailed by the institution to ABH Services Plc, P. O. Box 535/Code 1110, Addis Ababa from **Oct. 04, 2017 – Oct. 14, 2017**.

I. Applicant's Personal Information:

Name (First, Middle and Last)	
Date of Birth (DD/MM/YYYY) in GC	
Nationality	
Sex	

II. Current Address of the Applicant:

Region/City/Town	
Woreda/Subcity/ Kebele	
House Number	
Cell Phone #	
Other Phone #	
Email:	
P. O. Box (Include Town/City)	

III. Preparatory School Information:

S. No	Name of School	Country	Region	Zone/town/city	Year of graduation in GC	Score

IV. Previous Tertiary Education, if any (in reverse chronological order, starting with the most recent one):

S. No	Name of Institution	Country of the institution	Major Subject	Minor Subject	Year of graduation in GC	Degree Offered

V. Cost of attending this program and Financing**A. Cost of attending this program:**

S. No	Cost Category	Unit Cost (ETB/USD)	No. of Units	Total Cost (ETB/USD)	Remark
1.	Application Fee	ETB1,000.00/ \$100.00	1	ETB1,000.00/ \$100.00	Non refundable
2.	Tuition Fee	ETB135,000.00/ \$6,000.00	5	ETB675,000.00/ \$30,000.00	This fee does not include makeup exam, course repeat fee, & late registration penalty fee.

B. How do you finance your application, tuition, research and other fees indicated below?

- Self-Sponsor
- Fully sponsored by organization (Specify name of sponsor) _____
- Partially sponsored by organization (Specify name of Sponsor) _____
- Other (Specify) _____

I hereby certify that all information given in this document and its attachment is complete and accurate. I will observe all the rules and regulations of the institution and declare that I will refrain from any activity which is contrary to the interest of the institution. I hereby also confirm to strictly comply with all rules, regulations and directives of the Ministry of Education and Ministry of Health of the Federal Democratic Republic of Ethiopia regarding attending Medical Education in the country.

Name: _____

Date: _____ Signature of the applicant: _____

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Total points from screening exam and other considerations: _____%

Admitted

Not Admitted

Remark:

Official Name: _____

Signature: _____

Date: _____