



Royo College of Medical and Health Sciences

info@royocollege.co.ke
www.royocollege.co.ke
+254 715 198037

Step 1: Applicant's Details

First Name:

Middle Name:

Surname:

Date of Birth:

Gender:

County:

Passport/ID/Birth Certificate Number:

Step 2: Contact Details

Email Address:

Phone Number:

Alternative Phone Number:

Home Address:

Postal Address:

Keen Contact Name:

Keen Contact Phone:

Step 3: Academic Details

High School Name:

Year of Graduation:

Aggregate Grade:

Course Applied For:

Subjects and Grades:

SUBJECT	GRADES

Step 4: Attestation

I attest that the information provided is true and accurate.

Applicant's Signature: _____

Date: ____ / ____ / ____

Step 5: Submission

Your application has been successfully completed.

Please submit your application to the appropriate college office.