



# Higher Institute of Applied Medical Sciences

www.iamsciences.org

Malingo Street  
P O Box 412  
Buea Cameroon  
Tel: 33 32 26 54

Knowledge for Health

## APPLICATION FORM A

Application form for admission into the Higher Institute of Applied Medical Sciences (IAMS) Buea

### Personal information

NAME

Last Name First Name Middle initial Previous Name on transcript

ADDRESS

Street Postal Box No E-mail Phone No City/Town

Division of Origin Province of Origin Nationality Student I.D Number (official use)

DATE OF BIRTH Age Gender

Guardian or Next of kin

Name Phone Number

Street City Province Country

**I am applying for : (Tick one)**

**Associate of Applied Sciences (AAS) Degree/ Higher Professional Diploma (HPD) / Higher National Diploma (HND) in;**

- Dentistry
- Pharmacy
- Sonography
- Physiotherapy
- Medical Laboratory Technology
- Advanced Diploma in Nursing (A DN) / Higher National Diploma (HND) in Nursing.
- Diploma in Practical Nursing (DPN)

- Pre- Allied Health Sciences English Course
- English Language For Beginners Course
- Computer Course
- Cisco Certified Network Associate (CCNA)

**I have working experience as follows :( Tick one )**

- Less than 6 months
  - More than 6 months
- ( Describe Overleaf )

**Special Statuses:**

Do you wish to be considered an “educationally atypical student? Yes  No   
(If yes, enclose letter of explanation)

**I have completed secondary school as follows: (Tick one)**

- Did not complete secondary school
- Still in secondary school
- Secondary school graduate

**I have completed high school as follows: (Tick one)**

- Did not go to high school
- Did not complete high school
- Still in high school
- High school graduate
- Alternative high school diploma

**I have completed college as follows: (Tick one)**

- Have not completed college
- Short- tem training, private vocational school or other
- One- year certification from a community college
- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Doctorate or Professional Degree

**I have attached copies of Transcripts, attestation or certificate of:**

- Highest Secondary School qualification
- Highest High School qualification
- Highest Degree qualification

My English Proficiency can be described as follows:

- Reading and Writing Excellent       Good Understanding       Poor understating

I certify that all statements on this application are completed and true. I also understand that if I am admitted and do not enroll for the semester to which I am admitted, I will need to reapply for admission. No submitted materials will be returned and/or duplicated. I have enclosed the 5,000FCFA non-refundable application fee and will submit this application to the Institute or any of the points of contact for information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**RETURNED DOCUMENTS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Photocopy of National Identity Card          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified True Copy of Birth Certificate     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Certified True Copy of Highest Qualification | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 2Passport Size Photographs                   | <input type="checkbox"/> | <input type="checkbox"/> |

From A Received by IAMS Staff Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRATION DOCUMENTS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Seen Original of Certificates               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of Admission Letter                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bank Slip for 1 <sup>st</sup> Semester Fees | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medical Clearance                           | <input type="checkbox"/> | <input type="checkbox"/> |

**DOCUMENTS CHECKED BY**

IAMS STAFF NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_