

Registration Details

Application Number : _____ Campus : Abu Dhabi Al Ain Western Region Ajman

Applying for:

Pre-Registration (Please rate the following on a scale of 1 to 5)

Bachelor of Science in Nursing Higher Diploma/Bachelor in Pharmacy Higher Diploma/Bachelor in Medical Imaging
 Higher Diploma/Bachelor in Paramedics Higher Diploma/Bachelor in Physiotherapy

Post-Registration

Bachelor of Science in Nursing Post Graduate Diploma Diabetes Education and Clinical Care Master Diabetes Education and Clinical Care

Personal Details (As per the passport copy)

	<u>First Name</u>	<u>Father's Name</u>	<u>Grand Father</u>	<u>Family Name</u>	Photo
Full Name :				
Nationality :				
Religion :		Sect:	
Passport Number:		Expiry Date:	
Unified Residency Number: Emirates Identity Card Number:		Expiry Date:	

Date of Birth: Day Month Year

Place of Birth: City _____ Country _____

Gender Male Female Marital Status Single Divorced
 Married Widowed

Mailing Address

P.O. Box: _____ Building: _____
City: _____ Street: _____
Country: _____ Postal Code: _____
Country Dialing Code : _____

Home Phone _____ Work Phone _____ Mobile Phone (1) _____ Mobile Phone (2) _____

E-mail: _____ Emergency Telephone Number: _____

Languages:

Spoken: 1. _____ 2. _____ 3. _____

Written: 1. _____ 2. _____ 3. _____

Academic Details

High School Details:

High School Name: _____ Graduation Year: _____
 Qualification: _____ Stream: _____ Average: _____
 School Type: Private Public
 School Address: Outside UAE Inside UAE (if it's from outside UAE, please specify below:)
 Country: _____ City: _____ P.O. Box: _____
 Area: _____ Street: _____ Postal Code: _____
 Attestation Entity _____ Reference: _____ Date: _____

Scores in the High School:

Subject	Biology	Chemistry	Physics	Mathematics	English	Average %
Scores						

Certificates and Training Course

Course/Certificate	Score/Grade	Course Date	Institute issuing this certificate
IC3			
CEPA			
IELTS			
TOEFL			

Bachelor Degree Details

College Name : _____ Graduation Year: _____
 Qualification: _____ Specialization: _____ CGPA: _____
 Graduation Project: _____
 Accreditation Authority: Outside UAE Inside UAE
 Institute Type: Private Public
 Institute Address: Outside UAE Inside UAE
 Country: _____ City _____
 Area: _____

Employment Details

Current Employer: _____ Profession _____
 Employment Number: _____ Employment Date _____
 Grade: _____ Contract Expiry Date _____
 Employer Address: _____
 Employer Status: Public Private
 College Fees Self-Funded Sponsored

Sponsor Details

Name of Sponsor: _____
 Contact Details: _____
 Duration of Sponsorship: _____
 Method of Payment _____

Family Details

Spouse Name (if married): _____ Nationality: _____
 Qualification: _____ Specialization: _____

Employment Address: _____ Date of Birth; _____ Passport Number: _____ Unified Residency Number: _____ Identity Number _____ Mobile Number _____	Career: _____ Place of Birth: _____ Expiry Date: _____ Expiry Date: _____ Identity Card Number _____ Residence Number _____
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Number of Children: _____ **Males:** _____ **Females:** _____

Name	Nationality	Place of Birth	Date of Birth	Passport Number	Employment/School

Number of Brothers and Sisters: _____ **Brothers:** _____ **Sisters:** _____

Name	Nationality	Place and Date of Birth	Residence Number	Passport Number	Employment/School

Father's Name: _____ Qualification: _____ Employment Address: _____ Date of Birth; _____ Passport Number: _____ Unified Residency Number : _____ Identity Number: _____ Mobile Number: _____	Nationality _____ Specialization _____ Profession _____ Place of Birth _____ Expiry Date _____ Expiry Date: _____ E-mail address: _____ Home Number: _____
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Mother's Name: _____ Qualification: _____ Employment Address: _____ Date of Birth: _____ Passport Number: _____ Unified Residence Number : _____ Identity Number: _____ Mobile Number: _____	Nationality: _____ Specialization: _____ Profession: _____ Place of Birth: _____ Expiry Date: _____ Expiry Date: _____ E-mail address: _____ Home Number: _____
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Family Monthly Income Less than 9,000 AED 10-30,000 AED 31-60,000 AED 61-90,000 AED More than 91,000 AED

In your own handwriting, write a statement about your expectations from Fatima College of Health Sciences. Please elaborate on your reasons for wanting to join the College.

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I certify the above information are correct to the best of my knowledge.

Signature _____ **Date** _____

Required Documents

1. Original or attested High School Certificates from Ministry of Education. If the secondary high school is issued from outside UAE, then it has to be equated from the Ministry of Education in UAE. (Along with the transcript)
2. Original or attested transcript of the Diploma equated from the Ministry of Higher Education and Scientific Research (For Post-Registration Students).
3. Original Academic IELTS Certificate or equivalent. (Excluding foundation students)
4. Copy of valid Passport and valid Residence Visa.
5. Copy of valid Identity Card issued by the United Arab Emirates.
6. 4 recent Passport size photographs.
7. Employment Certificate from the Applicant's Employer for Post-Registration students.
8. No Objection Letter from the Employer.
9. Copy of Birth Certificate.
10. Medical Fitness Certificate for all applicants. (To be submitted upon enrollment)
11. Valid Licensure for Post-Registration Students.
12. Copy of Family Book (For Nationals Only).

Important Notes

- Submitting this application does not in any way mean that the applicant is accepted.
- This application is issued from Fatima College of Health Sciences, and all the information included is confidential. Only authorized staff will have access to this information.
- This application should be completed accurately, if it is not, it will not be considered.
- This application and the required documents should be submitted to the Registrar's Office at Fatima College of Health Sciences.
- All documents are the property of the College. Applicants, whether accepted or not, may not claim them back.
- Your major will depend on your performance in the Common year, for more details please refer to student handbook.

For the Registrar's Office Use Only

I certify that I have received all the required documents and have checked their accuracy.

Employment No.:

Name:

Position:

Signature: