

10. DECLARATION BY SPONSOR: *(Must be signed by your sponsor)*

I, the undersigned, do solemnly declare that, I would be responsible for any financial need of the applicant and promise to pay promptly all tuition and any other finances demanded by the institution for proper training.

Signature

Date

11. PERSONAL STATEMENT BY APPLICANT:

Please in brief, let us know your motivations and future plans as regards the course you intend to study.

12. DECLARATION BY CANDIDATE:

I, _____ confirm that, the information given on this form is true and complete. No information requested or other material information has been omitted. I undertake to be bound by the rules and regulations in place at the institution binding admissions. I accept that if I do not fully comply with these requirements, the institution shall have the right to cancel my application and/or even terminate my admission. And I shall have no claims against ST. LOUIS HIGHER INSTITUTE OF HEALTH AND BIOMEDICAL SCIENCES.

Signature

Date

N.B. Please attach the following non-refundable to your application on submission.

- Five thousand (5,000) francs CFA application fees
- Copies of relevant academic qualifications.
- Copy of Identity card.
- Copy of Picture page of Passport (for foreign students)
- Copy of Residence Permit (for Foreign Students)
- Copy of Birth Certificate.
- 4 passport size photographs.

All applicants who have applied with "awaiting results" will have their application file processed only after submitting their detailed results.

Completed application forms should be deposited in the admission office in the Institute or posted to the above address. Payment of the application fees should be done in the Barvary of the school. Your application form shall only be processed upon payment of the application fees.