



STATE MINISTRY OF HEALTH

EASTERN EQUATORIA

TORIT HEALTH SCIENCE INSTITUTE

Email: [torithsi2015@gmail.com](mailto:torithsi2015@gmail.com)

Tel: +211922288898

Url: [www.torithsi.com](http://www.torithsi.com)

"FOR QUALITY PERSONEL TRAINING"



OFFICE OF ACADEMIC REGISTRAR

CURRENT  
PASSPORT SIZE  
PHOTO  
(COLORED)

APPLICATION FORM FOR 2024 INTAKE

Department of Choice(s) (E.g., Clinical Officer (CO), Nursing (N), Midwifery (MW), Pharmacy (PHARM), Laboratory (MLT), Public Health (PH), and Nutrition (NUT) Departments in Eastern Equatoria.

First Choice:

Second Choice:

1. PERSONAL DETAILS

Sure Name:

Order of other Names (In full):

Sex: 1. Male  2. Female

Date of Birth DD: MM: YY: Nationality:

Home County: State: Country:

Religious Affiliation:

Telephone: Email:

Please tick your right category by provided letter from your relevant authority (i.e., Category 1-5)

S/NO	Applicant categories:	Tick in this column
1	From County health department (with attached official letter)	
2	From armed forces with attached letter from the unit	
3	Other Government institution(s) with cover letter	
4	Private from an International NGO or Local NGO	
5	Self-sponsored	



*[Handwritten signature]*

## 2. PREVIOUS EDUCATION

Secondary School Leaving Certificate Examination

South Sudan Secondary Certificate of Education or its Equivalent

### SUBJECTS AND MARKS SCORED GRADE (I.E. PASS, CREDIT AND DISTINCTION)

SUBJECT	GRADE	REQUIRED GRADE	REMARK
Biology		At Least Pass	
Chemistry		At Least Pass	
Physics		At Least Pass	
Mathematics		At Least Pass	
English		At Least Pass	

Certified photocopies/photocopies of birth certificate, National ID, results Slip and certificates to be attached to this application form please.

Examination Authority.....

.....

Name of the school.....

.....

Address of the school.....

.....

Country.....

Year of Examination..... Index Number.....

### 3. DETAILS OF PROFESSIONAL QUALIFICATIONS IF ANY.

Qualification	Name of Certificate/Country	Year obtained/awarded

*[Handwritten Signature]*



**CADRES/DEPARTMENTS AVAILABLE IN TORIT HEALTH SCIENCE INSTITUTE**

S/NO.	Cadre	Cut off Scores	Tick your favorable discipline across its row
1.	Clinical Medicine & Public Health (CO)	80-100%	
2.	Medical Laboratory Technician (MLT)	60-100%	
3.	Nursing (N)	60-100%	
4.	Midwifery (MW)	60-100%	
5.	Pharmacy (PHARM)	60-100%	
6.	Public Health (PH)	60-100%	
7.	Nutrition (NUT)	60-100%	

English is the language of instruction at Torit Health Science Institute. Therefore, it is imperative to all the Candidates/Students to have a Good Command of English language.

**PLEASE TICK YOUR LEVEL OF COMPETENCE IN ENGLISH**

Competency	Speaking	Reading	Writing
Fluent			
Adequate			
Basic			

**4. EQUAL OPPORTUNITIES**

We provide equal opportunity to all categories of people

Please if you have any health conditions do not hesitate to communicate the details in the space provided below:

.....

.....

.....

Please indicate how you got to know about Torit Health Science Institute?

.....

.....

.....



*[Handwritten signature]*

Signature of the applicant: ..... Submission Date: .....

**5. REFERENCES**

Give two names of your referees for Confidential Report on Your Suitability:

Name.....

Position .....

Organization.....

Address.....

Tel.....

E-Mail.....

Name.....

Position .....

Organization.....

Address.....

Tel.....

E-Mail.....

**6. For Official Use Only**

**a) Recommendation from Payam Health Department with official stamp.**

**b) Recommendation from County Health Department with official stamp.**

- 7. Charges Nonrefundable:** 1. Application Form fee **10,000 SSP**  
2. Intake Examination fee **20,000 SSP**  
3. Orientation fee **10000 SSP**



Note: Opening Date 6<sup>th</sup> September, 2024

Closing Date 6<sup>th</sup> November 2024

All payment should be done in the school bank account's number below:

Nile Commercial Bank-Torit Branch Account Number:

SSP	0	0	5	0	1	7	0	4	2
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KCB Kenya Commercial Bank-Torit Branch Account Number:

USD	5	5	9	0	2	2	2	5	2	4
SSP	5	5	0	2	9	7	2	2	6	7

In case of any inquiry please contact us on the following Phone numbers, Email or Website below:

TEL: [0922288898](tel:0922288898), [0925059002](tel:0925059002), and [0920901020](tel:0920901020)

E- Mail: [torithsi2015@gmail.com](mailto:torithsi2015@gmail.com)

URL: [www.torithsi.com](http://www.torithsi.com)

Prepared by: Ochan Denis Samuel

Title: Academic Registrar

Signature: 

Date: 6<sup>th</sup> September 2024

Approved by: Tobia Omal Magezi

Title: Principal

Signature: 

Date: 6<sup>th</sup> September 2024

