

MERCYLIFE TRAINING COLLEGE
KIAMBU TOWN, OPPOSITE KIAMBU LAW COURTS



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MTC/REG/ADM/006

STUDENT REGISTRATION FORM

1. REGISTRAR

Student Name: Adm No: Course:

Date of Registration:..... Term: Year:

Student mobile No:..... ID No:.....

KCPE/KCSE INDEX No.:..... Year:.....

Registrar:..... Stamp:.....

2. ACCOUNTS SECTION

Sponsorship:

Amount paid:.....

Balance:.....

Receipt No:

Accountant:.....

Stamp:.....

3. HOD SECTION

Department:

Class:.....

Course requirements verified:.....

Date:.....

HOD:.....

Stamp:.....

4. PROCUREMENT

Training materials collected.....

Stamp:.....

5. GUIDANCE AND COUNSELLING/ CAREER

HOD G&C.....

Comment:.....

Stamp.....

6. REGISTRY SECTION

Process and Documents confirmed: Registry Clerk:..... Date:.....

Stamp:.....

NOTE: THIS FORM MUST BE RETURNED TO THE REGISTRY AFTER THE END OF REGISTRATION EXERCISE