



Form 53 GTS/ LAS

APPLICATION FOR REGISTRATION: STUDENT MEDICAL TECHNICIANS/ LABORATORY ASSISTANT

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

Please **PRINT** and return the **ORIGINAL FORM** to:
The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail.**
553 Vermeulen Street, Arcadia, Pretoria 0083

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) _____ Surname: _____

Maiden name (if applicable): _____

First names: _____ Identity No.: _____

Postal address: _____ Postal code: _____

Residential address: _____ Postal code: _____

Tel (H): _____ (W): _____

Cell: _____ Fax: _____

Email: _____

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

Received on _____

Amount _____

Receipt No. _____

No. _____

Reg. Date _____

hereby apply to register as a student Medical Technician Laboratory Assistant

in the following: _____ *Category: _____

SIGNATURE: _____ **Date:** _____ **20** _____

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: _____

Signature: _____

Date: _____

B. The following is submitted in support of my application:

- 1. Current registration fee of **R199.00** (as of 01 April **R212.00**). Please attach the proof of payment.
- 2. A copy of my identity document or birth certificate. Non S A Citizen, a copy of your valid passport.
- 3. A copy of my marriage certificate (should you wish to register in your married surname).
- 4. An additional fee of **R97.00** in respect of each month or part of a month which my application is submitted later than **four** months after date of registration at the Training Educational Institution.

C. TO BE COMPLETED BY THE TRAINING INSTITUTION NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED

Certificate of having commenced study as a student, issued by: _____
(name of Laboratory _____
indicating that he/she enrolled on _____ (day) _____ (month) _____ (year)
in the (first, second, etc.) _____ year of study.

**ORIGINAL OFFICIAL DATE STAMP OF
THE LABORATORY**

SIGNATURE: Laboratory Manager _____ **DATE** _____

* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.