

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 or courier for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

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: Married Single Divorced Gender M F
 * Race: African Asian Coloured Indian White Country of Origin:

hereby apply to register as a student in Medical Technician Laboratory Assistan

in the following: *Category:

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

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|--|--|
| | 1. A copy of my identity document or birth certificate. |
| | 2. A copy of my marriage certificate (should you wish to be register in your married surname). |
| | 3. Registration fee: R290.00 applicable for the period 1 April 2021 to 31 March 2022. Banking details as on the website (Registration number as deposit reference) Please attach proof of payment. |
| | 4. Penalty fees, per month or part thereof, for the late submission of an application for registration R130.00 |
| | 5. Section C duly completed. |

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE TRAINING INSTIITUTION

Name of training institution

Date of enrollment (day) (month) 20..... (year) in the (first, second, etc) year of study.

SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARTMENT **DATE**

**ORIGINAL OFFICIAL DATE STAMP OF
INSTITUTION**

* 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.