



**FORM A**

*Original/Duplicate*

To be filled neatly and in CAPITAL/BLOCK LETTERS



**KENYA MEDICAL TRAINING COLLEGE  
COLLEGE ENROLMENT FORM**

**SECTION A (To be filled by the student):**

- i. Full Names: .....
- ii. College No.: .....
- iii. Course: .....
- iv. Class/Year of study ..... Campus.....
- v. Signature: .....

**SECTION B: (FOR OFFICIAL USE ONLY):  
CONFIRMATION / CERTIFIED BY HOD**

Category of student (Tick appropriately):

Regular  self-sponsored  foreign

Name ..... Signature.....

Date.....

**FINANCE DEPARTMENT**

- i. Fees B/F: .....
- ii. Current Fees Due: .....
- iii. Total: .....
- iv. Fees Paid: .....
- v. Fees Balance: .....
- vi. Cashier Name: ..... Signature: ..... Date: .....

**ACADEMIC DEPARTMENT**

Student admitted  Not admitted

**Principal/ Head of Department:** ..... **Signature:** .....

**Date:** .....

**Official Stamp:** .....

**ACCOMMODATION DEPARTMENT**

Boarder  Day scholar

Hostel: ..... Room No: .....

Accommodation officer: ..... Signature: ..... Date: .....