

REGISTRATION NO: .....



**Regional Centre for  
Mapping of Resources  
for Development**

Affix passport

## REGISTRATION FORM FOR DIPLOMA/CERTIFICATE COURSES

### SECTION A – Course Registration Details

- i) Name of Certificate/Diploma course Admitted for .....
- ii) Mode of Study .....  
(Full Time/ Part Time-Evening/am available for both)

### SECTION B –Student's Personal Details

- i) Names (*in full*).....  
(Surname) (First Name) (Other Names)
- ii) Address ..... Code..... Town..... County/ Country.....  
Telephone..... E-Mail .....
- iii) Date of Birth (*DD / MON / YYYY*) ..... Gender: Male ☐ Female ☐
- iv) Marital Status ..... Nationality ..... Religion.....
- v) National I.D/ Passport No ..... County of Origin .....
- vi) Name of Next of Kin in case of emergency..... Relationship  
..... Address ..... Code.....Telephone1..... Telephone2  
.....
- E-Mail .....Town/City..... Country/county of Origin.....

### Disability Assessment

- i) Do you require any special attention due to disability or Sickness? ☐ Yes ☐ No: ii) If yes, give details of the nature of disability/ sickness:.....

How did you come to know about training in RCMRD A friend ☐ Banner ☐ Newspaper ☐ website ☐ social media ☐ RCMRD staff ☐ KUCCPS ☐ Any other.....

Did you apply through ☐ KUCCPS or ☐ directly to RCMRD

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### SECTION C – Student's Education Background

Please list Secondary and College you have attended:

	secondary schools or college attended	From (Year)	To (Year)	Qualifications/ Grade	Index No. / Exam Reg.No.
1.					
2.					
3.					

### SECTION D – Student's Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

#### Student

Sign.....Date.....

Guardian Name: .....Telephone Number.....

E-Mail Account .....

Sign.....Date.....

PLEASE ATTACH COPIES OF CERTIFICATES, TRANSCRIPTS, RESULT SLIP AND ID. WHILE COMING FOR REGISTRATION COME WITH THE ORIGINALS

### SECTION E –For official use only

i) Name of registering officer: .....

ii) Recommendation of Academic Registrar: .....

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Signed .....

Date: .....

Approved by: Director General