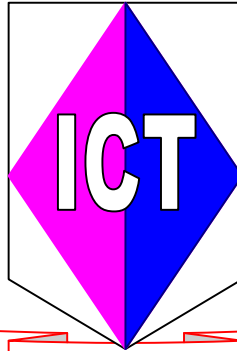


MARBLE

P.O. Box 5096
Eldoret, Kenya.



CENTRE

Tel: 053-2033418
0729-780102
0735-315780

ADM NO: _____

ICT AT ITS BEST

OFFICE OF ADMISSIONS

REGISTRATION FORM

Information in this form is intended to help the office of admissions keep proper students' records. Before filling in this form read it carefully. Complete both sides in block letters and ensure you have signed.

PART A: PERSONAL DETAILS

Name: _____ Gender Male Female

Year of Birth _____ Nationality _____

ID No/ Passport No. _____ Phone No: _____

Address _____ Email: _____

Name of Parent/ Guardian _____ Address _____

Parent/ Guardian's Tel No: _____ Relationship _____

PART B PREVIOUS ACADEMIC QUALIFICATIONS

	Name of institution	From	To	Certificate/ Diploma / Degree etc Attained
School				
College				
University				
Others				

PART C: COURSE REGISTRATION

Tick Besides the course or courses of choice

SHORT COURSES	COMPUTERISED SUITS	PROFESIONAL PACKAGES	CERTIFICATE/ DIPLOMA PROGRAMS
Introduction to computers <input type="checkbox"/>	Computerized secretary <input type="checkbox"/>	Adobe Photoshop <input type="checkbox"/>	Computer Networking <input type="checkbox"/>
Operating systems <input type="checkbox"/>	Computerized Accountant <input type="checkbox"/>	Corel Draw <input type="checkbox"/>	Hardware Engineering <input type="checkbox"/>
Typing Skills <input type="checkbox"/>	Computerized Manager <input type="checkbox"/>	QuickBooks <input type="checkbox"/>	Software Engineering <input type="checkbox"/>
Microsoft Word <input type="checkbox"/>	Graphic & Design Suit <input type="checkbox"/>	ArchiCAD <input type="checkbox"/>	Computer Engineering <input type="checkbox"/>
Microsoft Excel <input type="checkbox"/>		AutoCAD <input type="checkbox"/>	Management Information Sys <input type="checkbox"/>
Microsoft Access <input type="checkbox"/>		Programming <input type="checkbox"/>	Web Design <input type="checkbox"/>
Microsoft PowerPoint <input type="checkbox"/>		MS Publisher <input type="checkbox"/>	
Microsoft Publisher <input type="checkbox"/>		Linux Systems <input type="checkbox"/>	
Email & Internet <input type="checkbox"/>		A+ <input type="checkbox"/>	
Adobe PageMaker <input type="checkbox"/>		N+ <input type="checkbox"/>	

PART D: CLASS ATTENDANCE TIME

Tick Besides the time of choice

MORNING		AFTERNOON		EVENING		OTHER
8:00 am – 10:00 am	<input type="checkbox"/>	12:00pm – 2:00 pm	<input type="checkbox"/>	4:00pm – 6:00 pm	<input type="checkbox"/>	<input type="checkbox"/>
10:00 am – 12:00 pm	<input type="checkbox"/>	2:00 pm – 4:00 pm	<input type="checkbox"/>	6:00pm – 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>

PART E: RULES AND REGULATIONS

1. The institution is open to all students irrespective of religion, race, colour, tribe or sex but reserves the right of admission on the ground of academic performance and good conduct.
2. Fees once paid are neither refundable nor transferable under any circumstance.
3. Students are expected to observe punctuality all the time and **MUST** attend all lectures and practical sessions.
4. Smoking, use of alcoholic drugs, or improper conduct within the college is prohibited.
5. Proper hygiene shall be observed at all times. Chewing of gum will not be allowed in class.
6. Receiving personal telephone calls and visitors during class sessions is prohibited.
7. No drinks or food stuff shall be allowed into the computer labs or the workshop.
8. Students will not be allowed to put up any advertisement materials on college notice boards without written permission from the administration.
9. The attendance card must be produced in order to attend a class and shall be left in the college on Friday and collected on Monday

PART F: DECLARATION

I _____ hereby certify that the information in this form or any other material attached in support thereof are true, correct and complete to the best of my knowledge and that all the information required has been disclosed accordingly. By signing this form, I verify that I understand and agree to abide by the rules & regulations of the college

Signed _____ Date _____

PART F: FOR OFFICIAL USE ONLY

Accounts Officer

Total Course Cost Kshs _____ Amount Received Kshs _____ Balance Kshs _____

Signature _____ Date: _____

DATE	AMOUNT	RECEIPT NO	BALANCE