Po Box 50184-00100 Nairobi, Kenya

APPENDIX

DECLARATION

I……

ID No……ADM No……..

Declare that I have read the regulations governing the organization, conduct, discipline and Examinations of students at Lunesberg Medical Training College, and understood their content and meaning, and undertake to abide by them.

Signed:……

Date:……...

Department Admitted to:…….

Registration No…….

…… ……..

CHAIRMAN, SUB-COMMITTEE DATE

…… ……..

PRINCIPAL DATE

…… ……..

CHIEF EXECUTIVE OFFICER DATE

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