



# APPLICATION FOR REGISTRATION STUDENT

Form 53 DOH

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

FOR  
OFFICE  
USE ONLY

**NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

### A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_ Identity No.: \_\_\_\_\_

First names: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel (H): \_\_\_\_\_ (W) \_\_\_\_\_

Cell: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

\* Marital Status:

Divorced

Married

Single

Gender:

Male

Female

\* Race:

Asian

African

Coloured

White

Country of origin: \_\_\_\_\_

hereby apply to register as a student in \_\_\_\_\_  
(kindly indicate profession)

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

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Received on

Amount

Receipt No.

No.

Reg. Date

I certify that the application meets the requirements as outlined in section and that I have verified the application:

Registration Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

1. Current registration fee of **R236.00**. Please attach the proof of payment.
2. A copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. An additional fee of **R95.00**, in respect of each month or part of a month which my application is submitted later than **four** months after date of registration at the Training Educational Institution.

### C. TO BE COMPLETED BY THE TRAINING INSTITUTION

Certificate of having commenced study as a student, issued by: \_\_\_\_\_  
(name of institution)

indicating that he/she enrolled on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

in the (first, second, etc.) \_\_\_\_\_ year of study.

SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT _____ DATE _____	ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION
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***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.***

Updated 04/2018