



CDACC ASSESSMENT REGISTRATION FORM

ASSIGNED REGISTRATION NUMBER

INSTRUCTIONS: PLEASE COMPLETE THIS FORM ACCURATELY IN CAPITAL LETTERS

1. CANDIDATES PERSONAL DETAILS

CANDIDATES NAME:.....ADM NO:.....

(As indicated in ID)

ID NO:..... PHONE NO:..... BIRTH CERTIFICATE NO:.....

GENDER:.....DATE OF BIRTH: EMAIL ADDRESS:.....

GUARDIAN'S NAME:PARENTS/GUARDIAN PHONE NO:.....

DEPARTMENT:..... HOME COUNTY:.....

CANDIDATES EMPLOYMENT:.....**EMPLOYED** **NOT EMPLOYED**

CANDIDATE EMPLOYER:.....CANDIDATE EMPLOYER NO.:.....

CANDIDATE EMPLOYER EMAIL:.....

2. ASSESSMENT REGISTRATION DETAILS

COURSE NAME:.....

LEVEL TO BE REGISTERED:

LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
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ASSESSMENT SERIES BEING REGISTERED

MARCH/APRIL	JULY/AUGUST	NOV/DEC
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ASSESSMENT YEAR:.....

QUALIFICATION & COURSES:

FULL COURSE APPLICATION		PARTIAL COURSE APPLICATION	
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(Tick appropriately)

ENTRY QUALIFICATION:

Use KCPE/KCSE QUALIFICATION	USE TRAINING QUALIFICATION	ANY OTHER
KCSE GRADE		
KCPE GRADE		

UNITS OF COMPETENCE BEING REGISTERED

S/N	UNIT CODE (as indicated in the OS)	UNIT OF COMPETENCY (as indicated in the OS)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		



NB: Attach certified copies of KCSE certificate, ID, Birth certificate, examinations fee receipt)

STUDENT'S SIGNATURE:.....DATE:.....

3. HEAD OF DEPARTMENT:

Average Class attendance in (%)		%	REMARKS
		ATTENDANCE	
	TERM ONE		
	TERM TWO		
TERM THREE			

COMMENTS.....

NAME:.....SIGN & STAMP:DATE.....

4. FINANCE OFFICE

ASSESSMENT FEE:MTVC PRACTICAL/CENTRE FEE:.....

TOTAL ASSESSMENT FEES PAID.....

CURRENT TERM'S FEE BALANCE:.....NEXT TERM FEES:.....

TOTAL FEE BALANCE:.....

REMARKS:.....

NAME: SIGN & STAMP:DATE:

5. PRINCIPAL'S/DEPUTY PRINCIPAL'S COMMENTS:

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.....
.....

DATE:..... SIGN:..... STAMP:.....

6. RECEIVED BY:

EXAMINATION OFFICER:

SIGN & STAMP:DATE:

