

# RMJ BUSINESS COLLEGE

PO BOX 30487 Chichiri BLANTYRE 3. TEL: 01641457, 0999 9292 250/ 0995 669 682  
JANUARY 2010 to June 2010



## ENROLLMENT FORM

### 1. Personal Details

Surname \_\_\_\_\_ First names \_\_\_\_\_  
Address/(e-mail) \_\_\_\_\_  
cell/Telephone \_\_\_\_\_ fax \_\_\_\_\_  
Course applied \_\_\_\_\_  
Subjects  
1 \_\_\_\_\_ 4 \_\_\_\_\_  
2 \_\_\_\_\_ 5 \_\_\_\_\_  
3 \_\_\_\_\_ 6 \_\_\_\_\_

### 2. Employment details

Organisation \_\_\_\_\_ Department \_\_\_\_\_  
address \_\_\_\_\_ Position \_\_\_\_\_

### 3. Student Declaration

I certify the information given on this form is true to the best of my knowledge  
I Undertake to pay full tuition fees to RMJ College  
I confirm that I will abide by the rules and regulations of RMJ College  
I Authorise RMJ Business college to publish my name if I accelerate in my examinations and to recommend me to any employer who could require my services.

signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. Employers Declaration

Sponsors Name/organisation and name of authorised representative \_\_\_\_\_  
Position /designation \_\_\_\_\_  
Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

signature \_\_\_\_\_ Date \_\_\_\_\_

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