CLEVELAND MEDICAL TRAINING COLLEGE



0713 969 170, 0793 894 303 , 0718 169 775

www.cmtc.ac.ke

NAIROBI CITY CAMPUS WESTLANDS P.O BOX 4517-00100 NAIROBI

APPENDIX DECLARATION

I	
ID NoADM	1 No
Declare that I have read the regulations	governing the organization, conduct,
discipline and Examinations of students at Cleveland 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