

**MINISTRY OF EDUCATION**  
**NATIONAL EXAMINATIONS COUNCIL**  
**FOR**  
**TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING**  
**CANDIDATES ENTRY FORM – FULL TIME**  
**(ALL SUBJECTS)**  
**JULY-AUGUST 20....**

ENTRIES FOR: .....EXAMINATIONS  
 (YEAR)

NAME OF INSTITUTION:.....

NAME OF COURSE:.....

LEVEL/OPTION:.....

- IMPORTANT NOTE:
1. Where applicable, please state next to the name of the course (above), the level of course, option within course for which candidates are entered. Please be guided by the relevant items in the accompanying memorandum to principals/directors regarding requirements, eligibility etc. for particular programmes.
  2. **Each candidate is required to affix his/her signature** in the designated column after ensuring that all the information pertaining to him/her, including the spelling of his/her name, is accurate.
  3. In the case of a candidate who previously passed subject/s at an institution other than the one named above, please indicate, in addition to the year/s, the institution at which such subject/s was/were passed.

EXAM. NO. (LEAVE BLANK)	NAME OF CANDIDATE (in alphabetical order / use block letters)		SEX M or F	SUBJECT/S FOR WHICH ENTERED	YEAR/S PASSED OTHER SUBJECTS	CANDIDATE'S SIGNATURE
	SURNAME	FIRST NAME				

.....  
 DATE

.....  
 PRINCIPAL/REGISTRAR/DIRECTOR