Reg. No:

REGISTRY EXAM RE-MARK FORM (Form 3)

Important Notice

Closing date- 72 hours after the release of the Examination Results. Remarking fee of 30.000 Rwf for the entire process is payable at the bank.

Bank Account: 00262-0494227-39 (RWF) at Bank of Kigali (BK)

Use your names and Registration Number as a reference on deposits

NON-COMPLIANT APPLICATION WILL BE REJECTED

Please PRINT and send the ORIGINAL FORM to the email:

The Registrar. P.O. Box 6600 Kigali. 6 KG 632 Street. Rugando. Kimihurura. Gasabo. Email: info@rahpc.org.rw

A. PERSONAL IDENTIFICATION

Name:……Surname: ……ID No……..

Residential Address: …….. Sector:……District:……

Cell phone: …… Email: ……..

B. PROFESSIONAL CATEGORY

Anaesthesia	☐	Human Nutrition:	☐	Physical Therapy	☐
Biomedical Laboratory	☐	Medical Imaging	☐	Occupational Therapy	☐
Clinical Medicine	☐	Environmental Health	☐	Ophthalmic Clinic	☐
Dental Science	☐	Prosthetics & Orthotics	☐	Others:	……

C. EXAM DETAILS

Examined area: …… **Date of publication of results: ……**

Hereby apply for "REMARKING" and declare that I am the person referred to in the above section in support of my application and that all the details are true to the best of my knowledge

SIGNATURE:…… **DATE:……**

FOR OFFICE USE ONLY

Received on: ……

Bank Slip No: ……

Observations:

Administration Officer (Signature & Stamp)

NB: Your application for re-marking will not be processed without proof of payment