

EASTERN FM RADIO TRAINING INSTITUTE

REGISTRATION FORM

SURNAME:

FIRST NAME.....

OTHER NAMES.....

DATE OF BIRTH.....

RECENT EDUCATIONAL QUALIFICATION.....

.....

.....

PERMANENT ADDRESS.....

.....

.....

CONTACT NUMBER.....

E-MAIL.....

SIGNATURE..... DATE.....

PROFESSIONAL IN QUALITY MEDIA PRACTICE.

OFFICIAL USE ONLY

NAME.....

SIGNATURE (OFFICIAL).....

DATE.....