**REGISTRARS – 2020**

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1. **TO BE COMPLETED BY THE CANDIDATE**

**Student number**

**Year of study in MMed**

**I hereby declare that I**

**…………………………………………………………………………………………………………………………………………………………. am working as a Registrar in the Department of ……………………………………………………………………………….**

**HPCSA Post number: P - …...…… - ………… - …….……**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Y** | **Y** | **Y** | **Y** | **M** | **M** | **D** | **D** |
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|  |  |  |  |  |  |  |  |

 **Date of appointment**

 **Date of completion**

1. **CONFIRMED BY THE HEAD OF DEPARTMENT:**

**I hereby confirm that the above-mentioned information is correct**

**……………………………………………...............**

 **HEAD OF DEPARTMENT**

**………………………………………………………….**

**DATE**

**It is the responsibility of the student to ensure that he/she registers with the HPCSA EVERY YEAR (Form 9) for the duration of his/her studies.**

**HEADS OF DEPARTMENTS ARE REQUESTED TO CHECK THE POST NUMBER AND DATE OF APPOINTMENT. IF THERE IS ANY DISCREPENCY REGARDING THE DATE AND POST NUMBER, THE INFORMATION GIVEN IN “A” ABOVE, ON THE FIRST FORM WILL BE REGARDED AS CORRECT.**