



### **Informal Education: Courses**

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Course followed: \_\_\_\_\_

(Name and address of institution)

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Stamp (if available)

MQC Registration Number

The course is  weeks / months / year/s long.

The student has been attending regularly.\*  Yes  No

\*not less than 85% attendance

**Skills achieved during the course:**

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#### **ORGANISATION: Declaration Form**

I, \_\_\_\_\_ ID number \_\_\_\_\_,  
teach \_\_\_\_\_ in the above mentioned course, and declare  
that all the information provided is correct.

\_\_\_\_\_  
Signature

#### **PARENT/GUARDIAN:**

Name and surname of parent/guardian of student (BLOCK LETTERS)

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
ID Number