

## **GOWN COLLECTION AND RETURN FORM**

OMC/FM/PRC/31

(To be completed in duplicate; Attach a copy of your National ID)

## HIRING OF GRADUATION GOWNS FOR THE 12TH GRADUATION CEREMONY

## A. PERSONAL DETAILS

Student Full Name (as per National I.D.)	
Admission number	I.D. Number
Department	
Phone number E	Email:
Guardian's phone number	
Physical address	
B. COLLECTION OF THE GOWN	
I have collected the following items after paymen	t of the required amount of graduation fee;
Tick (V)	
Gown	Sash
I understand graduation items should be returned fee of KSh. 700 per day, after this date, will be important the state of	not later than 1st <u>December, 2023</u> failure to which a posed.
I understand that the gown and sash that I have c which they were issued.	ollected MUST be returned in the same condition in
Serial No. (Gown)	Date collected
Issued by (Name & Signature)	
Collected by: (Name & Signature)	COLLEGE
Collected by: (Name & Signature)	OUTSPAN MEDICAL COLLEGE P. O. Box 1955-10100, NYERI
	of MOV 2063
	CADEMICS
	DEPUTY PRINCIPAL AUTOMOSIGN

## C. CONFIRMATION OF RETURNED GRADUATION ITEMS

I certify that the items borrowed by the graduand have been returned in the same condition in which they were issued. Tick (V) Gown Sash Receiving officer (Name & Signature) ..... Date:..... Any additional comment In the event the graduation items are returned late or/and damaged, fill this section: I have paid KSh...... For: Late Return Damages Receipt No. NB: a) One copy of this form will be kept in the graduation file while the graduand retains a copy, which should be produced when returning the gown b) Graduands will be charged for any damage or loss of any item issued OUTSPAN MEDICAL COLLEGE P. O. BOX 1955-10100, NYERI c) Graduands must collect their gowns and sash in person