



TUMAINI UNIVERSITY

Dar es Salaam College

P.O. Box 77588, Dar es Salaam

Mwenge Campus

Telephone: +255-22-2760432/2760426/2760335; Email: provost@tudarco.ac.tz

FORM A

STUDENT'S REGISTRATION FORM FOR DIPLOMA PROGRAMME 2016/2017 ACADEMIC YEAR

(To be completed by the students joining the College for the first time)

PLEASE USE CAPITAL LETTERS

1. SURNAME :

FIRST NAME :

MIDDLE NAME :

(As indicated in your certificates)

2. DATE OF BIRTH :

PLACE OF BIRTH: NATIONALITY:

3. DISTRICT OF ORIGIN: HOME VILLAGE:

4. SEX: MARITAL STATUS:

5. PERMANENT HOME ADDRESS (POSTAL):

.....

.....

TELEPHONE :

6. COURSE ADMITTED INTO (IN FULL)

.....

SESSION: MORNING/EVENING

7. RESIDENCE :

8. FINANCIAL SPONSOR:

.....

9. EMPLOYER: -----
ADDRESS OF EMPLOYER: -----

TITLE OF YOUR POST: -----
RESPONSIBILITIES OF YOUR WORK: -----

WORK STATION: -----

10. NAME OF FATHER: -----
HIS OCCUPATION : -----
HIS ADDRESS: -----

TELEPHONE: -----
NAME OF MOTHER : -----
HER OCCUPATION : -----
HER ADDRESS : -----
TELEPHONE : -----
NAME OF BROTHER: -----
HIS OCCUPATION: -----
HIS ADDRESS: -----
TELEPHONE: -----
NAME OF SISTER: -----
HER OCCUPATION : -----
HER ADDRESS: -----
TELEPHONE : -----
NAME OF
HUSBAND/WIFE: -----
HIS/HER OCCUPATON: -----
HIS/HER ADDRESS: -----
TELEPHONE: -----

NAME OF ANY OTHER CLOSE RELATIVE: -----

HIS/HER OCCUPATION : -----

HIS/HER ADDRESS: -----

TELEPHONE: -----

11. SECONDARY SCHOOLS AND COLLEGES ATTENDED (GIVE DATES)

12. ORIGINAL CERTIFICATES PRESENTED (PLEASE TICK)

(A) NATIONAL FORM IV (O-LEVEL) OR EQUIVALENT: -----

(B) NATIONAL FORM VI (A-LEVEL) OR EQUIVALENT: -----

13. NATIONAL FORM IV OR EQUIVALENT EXAMINATION RESULTS

S/NO.	SUBJECT TAKEN	GRADE/MARK (A,B,C, ETC)	DIVISION/ CLASS I,II,ETC	YEAR OF COMPLETION
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

EXAMINING AUTHORITY: -----

INDEX NO: ----- EXAMINATION CENTRE: -----

COUNTRY : -----

14. NATIONAL VI A-LEVEL EXAMINATION OR EQUIVALENT RESULTS

S/NO	SUBJECTS TAKEN	GRADE/MARK (A,B,C etc.)	DIVISION CLASS 1,2,3 etc	YEAR	CERTIFICATION BY THE REGISTRATION OFFICER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

EXAMINATION AUTHORITY:

INDEX NO: EXAMINATION CENTRE:

COUNTRY:

15. ANY OTHER TRAINING QUALIFICATIONS:

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16. POST SECONDARY SCHOOL ORIGINAL CERTIFICATES PRESENTED

(Please tick)

17. POST SECONDARY SCHOOL CERTIFICATES:

TYPE OF CERTIFICATE (eg ADVANCED DIPLOMA UNDERGRADUATE DEGREE ETC)	NAME OF INSTITUTION WHICH ISSUED THE CERTIFICATE	SUBJECTS TAKEN (i.e 1,2,3 YEAR ETC)	GRADE/MARK (A,B, ETC)	DIVISION YEAR CLASS (I,II ETC)

18. STATEMENT BY STUDENT:

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE

DATE: ----- SIGNATURE: -----

