



TUMAINI UNIVERSITY

Dar es Salaam College

P.O. Box 77588, Dar es Salaam

Mwenge Campus

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FORM A

STUDENT'S REGISTRATION FORM FOR DIPLOMA PROGRAMME 2017/2018 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:

16. POST SECONDARY SCHOOL ORIGINAL CERTIFICATES PRESENTED

(Please tick)

