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

$\frac{STUDENT'S \; REGISTRATION \; FORM \; FOR \; DEGREE \; \; PROGRAMME \; \; 2018/2019 \; \; ACADEMIC}{YEAR}$

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

PL 1.	EASE USE CAPITAL LETTERS SURNAME:						
	FIRST NAME :						
	MIDDLE NAME :(As indicated in your O' level certificate)						
2.	DATE OF BIRTH:						
	PLACE OF BIRTH: NATIONALITY:						
3.	DISTRICT OF ORIGIN: HOME VILLAGE:						
4.	4. SEX: MARITAL STATUS:						
5.	PERMANENT HOME ADDRESS (POSTAL):						
	TELEPHONE:						
6.	COURSE ADMITTED INTO (IN FULL)						
	SESSION:MORNING /EVENING						
7.	FINANCIAL SPONSOR:						
8.	EMPLOYER:						
	ADDRESS OF EMPLOYER:						
	WORK STATION:						
9.	NAME OF FATHER:						
	HIS ADDRESS:						
	TELEPHONE:						
	NAME OF MOTHER:						
	HER ADDRESS:						

TELEP	HONE :								
NAME	OF BROTHER:								
HIS ADDRESS:									
TELEPHONE:									
NAME	OF SISTER:								
HER AI	DDRESS:								
TELEPH	IONE :								
NAME (
HIS/HEF	R ADDRESS:								
TELEPH	IONE:								
NAME	OF ANY OTHER C	CLOSE RELATIVE	:						
HIS/HE	R OCCUPATION :								
HIS/HE	R ADDRESS:								
TELEPI	HONE:								
1. SECC	ONDARY SCHOOL	S AND COLLEGE	S ATTENDED (GIV	VE DATES)					
	SENTE COPY OF ONE		R EQUIVALENT: -						
			R EQUIVALENT: -						
13. <u>NA11</u> S/NO.	SUBJECT	GRADE/MARK	EXAMINATION R DIVISION/	YEAR OF					
	TAKEN	(A,B,C, ETC)	CLASS I,II,ETC	COMPLETION					
1.									
2.									
3.									
4.									
5.									
6.									
7.									
	+	t	†						

EXAMINING AUTHOR					
INDEX NO:			NTRE:		
COUNTRY:					
14. <u>NATIONAL VI A-</u>	LEVEL EXAMINATIO	ON OR EQUIVALEN	T RESULTS	<u></u>	
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.					
EXAMINATION AUTH	IORITY:				
INDEX NO:	ΕΣ	KAMINATION CENT	RE:		
COUNTRY:					
15. ANY OTHER TRA	INING QUALIFICATI	ONS:			
16. ACADEMIC QUAI	LIFICATIONS/PROFES	SSIONAL QUALIFIC	CATIONS		
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)	ORADI (A,B, E	E/MARK TC)	DIVISION YEAR CLASS (I,II ETC)
18. STATEMENT BY	STUDENT:				1
	TY THAT THE FOREG	OING INFORMATIO	N I HAVE (GIVEN IS (CORRECT
TO THE BEST OF I					
DATE:	SIGNA	ATURE:			