



# STUDENT REGISTRATION FORM

## 2019/2020

### (FIRST YEARS ONLY)

### SEMESTER I – OCTOBER, 2019

Attach Colored  
passport  
size photograph

FORM CA1

**Instructions:** Photocopy this form and fill in **FOUR (4)** original copies. Retain **ONE (1)** copy which will be submitted to the ID officer and the remaining copies to be handled to the Director of Institute or Head of Department.

#### Student's Details

Programme	College	Department	
Surname (As in your certificates)	Middle Name (As in your certificates)	First Name (As in your certificates)	Sex (F/M)
Nationality	Date of Birth (DD/MM/YEAR)	Year of Study	
O' Level School	F4 Index Number	Year	
'A' Level School/ College	F6 Index Number /Certificate AVN	Year	
Diploma	College Name	Diploma AVN	Year

#### Contact Address

\* Whichever is applicable

Mobile Number	Email	Bank Account Number	Bank Name

#### Parent/Guardian

Name	Relationship	Address	Mobile

**Certification:** I certify that the above information is true to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Official Use Only

##### Accommodation Details

Nature of Accommodation: On Campus: Room No		Hall of Res.	
Off Campus address: Area	House Number Street	Direct Costs: Receipts Number	Date

##### Tuition fee Details

Sponsor	Tuition Fee Payment: TZS	Receipt No	Cashier's signature official stamp

##### College/Institute

Department	HoD Name	Signature	Date
College/Institute	Principal/Director	Signature	Date