



THE UNIVERSITY OF DODOMA

NHIF EXEMPTION FORM

PERSONAL DETAILS

Surname

Middle Name

First Name

Admission No

Programme

Department

College

Insurer

Card Number

Card Expire Date

Attachments

1-Admission Letter

2-Copy of the current card (Both sides)

OFFICIAL USE ONLY

Department

Name of HoD

HoD Signature

Date

HANDLED BY BURSAR HQ OFFICE

Comment

Section

Accountant Namer

Signature

Date