



Attach black and white passport size photo

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
STUDENT REGISTRATION FORM (FRESH UNDERGRADUATE STUDENTS)
2019/2020 ACADEMIC YEAR

NOTE: i) This form must be completed by every first year student at the time of registration
ii) When completed and certified by the Deputy Vice Chancellor – Academic, Research and Consultancy; one copy will be retained by the Admission office and the second copy will be kept by the relevant School.

Registration No: [Text box]

(Degree for which registration is sought must be the same as that appearing in your student identity card)

School: [Text box]

Degree Programme [Text box]

1. Surname (Block Capitals) Mr/Mrs/Miss [Text box]

(The names entered on this form must be the same as those on your O level and A level Certificate or equivalent documents offered as an entry qualification)

First Name (Block Capitals) [Text box]

Middle Names (Block Capitals) [Text box]

(The names entered on this form must be the same as those on your letter of admission. These are the names appearing on your "O-Level certificate or equivalent documents submitted as entry qualifications)

2. Date of Birth [Day][Month][Year] 5. Age at Entry (Yrs) [Text box]

3. Sex (Tick) MALE FEMALE

4. Marital Status (Tick one) Married Single Divorced Widowed

5. Origin Country District Region Nationality

6. Permanent Home Address (Postal).....
Mobile/ Telephone Number.....
Email Address.....

7. Bank Details
Account Number.....
Bank Name.....Branch.....

8. Religion (Christian, Islam, Hindu etc).....

9. Do you have Health/ Medical Insurance ?
Mention eg. NHIF/AAR/JUBILEE/MEDIX/STRATEGIES/Others.....

Expiry date of the Insurance.....(Attach certified copy of Insurance ID)

10. Hall of Residence
If non-resident (give) a)Postal Address and Residential address
.....

11. Do you have any physical or communication disabilities? (Tick whichever is applicable)
i) Vision/mobility/speech/hearing/others
ii) Type and Magnitude
iii) Duration of the disability
iv) Type of supportive gearused/required
v) Have you been receiving any humanitarian support for your disabilities? Yes/No If Yes, give the name and address of a person or organisation which supports you.
.....

NB: This information is to prepare the University to receive you and it will not mitigate against your admission.

12. Secondary Schools, Collegeattended and dates:
.....
.....
.....
.....

13. Manner of entry to this University (Tick whichever is aplicable)
i) With A-Level qualifications
ii) Equivalent qualifications (eg. Diploma/Degree)

14. Do you hold originals of your (Tick whichever applicable)
i) CSEE/Form IV or equivalent documents?
ii) ACSEE/Form VI or equivalent documents?

15. a) Certificate of Secondary Education/Form IV/Equivalent

Subject	Grade	Date	Certified by Reg. Officer

Examination Authority.....Index No.....
Examination Centre (School).....Country.....
Divisio.....

b) Advanced Certificate of Secondary Education/Form VI or equivalent results:

Subject	Grade	Date	Certified by Reg. Officer

Examination Authority.....Index No.....
Examination Centre (School).....Country.....Division.....

16. Any other University entrance qualifications (eg. Diploma/FTC etc) Yes/No.....
If YES type of qualification.....
Year of Graduation.....Class or final GPA.....Index No.....

17. a) If prior to your admission you were a working person, have you been officially released by your employer?
Yes/No.....

b) If yes, provide documentary evidence

18. a) What are your extra curricula activities?

b) Indicate organization (s) of which you are a member citing the number of your member-ship card as well as posts held:

Name of Organisation	Membership Card No.	Post held in the organisation

19. What is your occupation goal?
 1st Choice.....2nd Choice.....3rd Choice.....

20. Name of the father/guardian (state relationship)
 Postal Address
 Telephone No.Email Address.....
 Occupation

21. Name of **next of kin** (state relationship)
 Postal Address
 Telephone No.Email Address.....
 Occupation

22. Name and Address of your sponsor.....
 Postal Address
 Telephone No.Email Address.....

23. **Confirmation of fees payment (If privately sponsored)**
 Receipt NumberAmount paid.....
 BursarDate.....
Signature and Stamp

24. **Declaration by the Student**
(Incorrect information may lead to serious consequences as stated in the Admission Letter, i.e cases of impersonation of documents whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission).

a) I declare that to the best of my knowledge that all the information given in this form is correct.
 b) i) **I DO HEREBY UNDERTAKE** to study diligently and seek the truth of knowledge.
 ii) **I DO HEREBY UNDERTAKE** to obey all lawful authorities in the University, to observe the regulations of the University, **TO EXERCISE DISCIPLINE** and also to promote the good name of the University.

Signature of student....._Date.....

Registration Officer

I declare that on the basis of the documentary evidence available in respect of statements made in all items above and in all other aspects, the candidate is hereby registered.

.....
Full name

.....
Signature

For:

For Deputy Vice Chancellor, Academic Research and Consultancy