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**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
REGISTRATION FORMS – DIPLOMA PROGRAMMES  
2018/2019 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:**

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

**School:**

**Diploma Programme**

1. **Surname (Block Capitals)**

2. **First Name (Block Capitals)**

3. **Middle Names (Block Capitals)**

*(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-Levels certificate or equivalent documents submitted as entry qualifications)*

4. **Date of Birth**    5. **Age of Entry (Yrs)**   
**Day Month Year**

6. **Sex**   7. **Nationality**   
**MALE FEMALE**

8. **Marital Status**      
*(Tick one)* **Married Single Divorced Widowed**

9. **Permanemt Home Address (Postal)** \_\_\_\_\_  
 \_\_\_\_\_  
**Tel. No.** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Bank Name** \_\_\_\_\_ **AccountNo.** \_\_\_\_\_

10. **Religion** (*Christian, Islam, Hindu etc*) \_\_\_\_\_

11. **Hall of Residence** \_\_\_\_\_  
**If non-resident** (give) Postal Address \_\_\_\_\_

b) Residential Address \_\_\_\_\_

12. **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 gear used/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.***

13. Secondary Schools, College attended and dates:  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Manner of entry to this University (*Tick whichever is applicable*)  
 i) With O-Level qualifications \_\_\_\_\_  
 ii) Equivalent qualifications (eg. Certificate) \_\_\_\_\_

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

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

<i>Subject</i>	<i>Grade</i>	<i>Date</i>	<i>Certified by Reg. Officer</i>

Examination Authority \_\_\_\_\_ Index No. \_\_\_\_\_  
 Examination Centre:  
 (School) \_\_\_\_\_ Country \_\_\_\_\_  
 Division \_\_\_\_\_

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

<i>Subject</i>	<i>Principal or Subsidiary Level Credit</i>	<i>Grade</i>	<i>Date</i>	<i>Certified by Reg. Officer</i>

Examination Authority \_\_\_\_\_ Index  
 No. \_\_\_\_\_  
 Examination Centre  
 (School) \_\_\_\_\_ Country \_\_\_\_\_

Division \_\_\_\_\_

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

18. 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 \_\_\_\_\_

19. 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:

<b>Name of Organisation</b>	<b>Membership Card No.</b>	<b>Post held in the organisation</b>

20. What is your occupation goal?  
 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd  
 Choice \_\_\_\_\_

21. a) Name of the father/guardian (state relationship) \_\_\_\_\_  
 b) Postal  
 Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

c) Occupation of this person \_\_\_\_\_

22. Name of **next of kin** (*state relationship*) \_\_\_\_\_

*Postal*

*Address* \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

c) Occupation of this person \_\_\_\_\_

23. Name and Address of your sponsor \_\_\_\_\_

*Postal Address* \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

24. **Confirmation of fees payment** (*If privately sponsored*)

*Receipt Number* \_\_\_\_\_ *Amount paid* \_\_\_\_\_

*Bursar* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature and Stamp*

25. **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 \_\_\_\_\_

Admission Officer

I declare that on the basis of the documentary evidence available in respect of statements made in paragraph 14 to 15 above and in all other aspects, the candidate is hereby registered.

\_\_\_\_\_  
**Full name**

\_\_\_\_\_  
**Signature**

*For: Director of Undergraduate Studies*

**Date**

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**Full Name and Signature**

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**For Deputy Vice Chancellor  
Academic, Research and Consultancy**

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*Date*