

ARDHI UNIVERSITY



STUDENT REGISTRATION FORM (FRESH UNDERGRADUATE STUDENTS)

Attach
Photograph

Your Registration No:

Degree:

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

School

1. Surname (Block Capitals) Mr/Mrs/Miss

(The names entered on this form must be the same as those on your "A" Level or Diploma Certificates offered as an entry qualification.)

2. First name (Block Capitals)

3. Middle names (Block Capitals)

4. Sex (F/M)

5. Date of birth

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Age at entry

7. Origin

Country	District	Region	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Marital Status

<i>Married</i>	<i>Single</i>	<i>Divorced</i>	<i>Widowed</i>

9 (a) Your permanent Home Address:

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(b) Your Mobile Telephone Number:

(c) Email address:

10. Religion

Christian, Muslim, Hindu etc.	Sect or denomination

11. Hall of Residence

12. If non-resident give:

(a) Postal Address	(b) Residential Address

13. Do you have any physical or communication disabilities? (Tick whichever is applicable)

- (a) Vision/mobility/speech/hearing/others.....
- (b) Type and magnitude of disability.....
- (c) Duration of the disability.....
- (d) Type of supportive gear being used/required.....

(N.B. This information is to prepare the University to receive you and will not in any way mitigate against your admission)

14. Do you have health/medical insurance? (Tick whichever is applicable)

- (a) NHIF/AAR//MEDIX/JUBILEE/STRATEGIES/CHF/NSSF/Others (mention)
.....
.....
- (b) Expire date of the insurance (Attach copy of Insurance ID)

15. Secondary Schools and Colleges attended (give date)

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16. Manner of entry to this University (tick where appropriate)

- (a) With "A" level qualifications?
- (b) Equivalent/Diploma qualifications?
- (c) Recognition of Prior learning Entry Examination Scheme?
- (d) Or any other (please specify)
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17. (a) Details of Certificate of Secondary School Education Examinations/Form IV or equivalent results

<i>Subjects</i>	<i>Grade</i>	<i>Remarks (Pass, Very Good, Good etc...)</i>	<i>Date</i>	<i>Certified by Head of Department</i>

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

(b) Details of Advanced Certificate of Secondary School Education Examinations/Form VI or equivalent results:

<i>Subject</i>	<i>Grade</i>	<i>Remarks (Pass, Very Good, Good etc...)</i>	<i>Date</i>	<i>Certified by Head of Department</i>

Examination Authority _____ Index No. _____

Examination Centre (School) _____ Country _____

(c) Details of Any other University entrance qualifications (e.g. Diploma/F.T.C. etc.)

<i>Subject</i>	<i>Grade</i>	<i>Remarks (Pass, Very Good, Good etc...)</i>	<i>Date</i>	<i>Certified by Head of Department</i>

18. (a) If prior to your admission you were a working person, have you been officially released by your employer?

(b) If yes, attach documentary evidence.

19. (a) What are your extra curricular activities?

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

Name of Organization	Membership Card No.	Posts Held in the Organization

20. (a) Name of father/guardian (state relationship)
- (b) Postal address of this person.....
- (c) Occupation of this person.....
- (d) Mobile telephone number of this person.....

21. (a) Name of next of kin (state relationship)
- (b) Postal Address.....
- (c) Occupation of this person.....
- (d) Mobile telephone number of this person.....

22. State who should be contacted in Dar es Salaam in case of emergency.

Name :

Address :..... Mobile Tel. No.....

Relationship

Email address:

* If you are from work, state which firm/department you have been working for

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23. (a) Are you under the Government loans through HESLB? (tick where applicable)

YES	NO

(b) If YES, do you have a Bank Account? (Indicate account number)

NBC	CRDB	NMB

(c) Others (mention the Bank, Account Number and Branch)

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NOTE: NAMES SHOULD BE WRITTEN EXACTLY AS THEY APPEAR IN THE ACADEMIC CERTIFICATES

Certificate of Enrolment

Academic Year

Registration No.

First Names

Middle Name

Surname

Programme

Date

Student's Signature

Registration Officer Certification

I certify that the above mentioned student has completed registration formalities with the Admission Office

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For: DEPUTY VICE CHANCELLOR ACADEMIC AFFAIRS