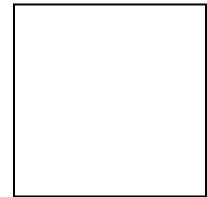


TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT(TICD)



Attach photo

FIRST YEAR STUDENTS' REGISTRATION FORM "A" – DEGREE/NON-DEGREE PROGRAMMES

NOTE:

- This form must be completed in duplicate by every first year student at the time of registration.
- When completed and certified by the Registrar, one copy will be retained to the Admission Office
- This form should be attached with copy of your Birth and Academic or Equivalent Certificates and Transcripts or any certification from NACTE or TCU

Department

Programme

1. Surname (or Last name) (Block Capitals) Mr/Mrs/Miss/Ms

2. First name (Block Capitals)

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" level Certificate or equivalent documents offered as an entry qualification.)

3. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

4. Origin

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Country

Region

District

Nationality

5. Marital Status

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(tick one)

Married

Single

Divorced

Widowed

6. Home Permanent Address

8. Hall of Residence

9. If non-resident give

(a) Residential Name :

(b) Residential Address or Location.....

10. Do you have any physical or communication disabilities?

Describe the type of disability you have:

.....

11. Manner of entry to this Institute (*Tick whichever is applicable*)

- i. With Certificate of Secondary Education (Form IV) Qualification
- ii. With Academic Transcript and Certificate (NTA level 4) or equivalent documents
- iii. With Advanced Level Secondary Education (Form VI) Qualifications
- iv. With Academic Transcript and Certificate (NTA level 5)
- v. With Academic Transcript and Certificate (NTA level 6)
- vi. Or With any other acceptable equivalent qualifications (*Should have support from NACTE or TCU*)

12. (a) Certificate of Secondary Education/Form IV or equivalent

Subject	Grade	Index No.	Date	Certified by Reg. Officer

Examination Authority _____ Division _____
 Examination Centre (School) _____ Country _____

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

Subject	Grade	Index No.	Date	Certified by Reg. Officer

Examination Authority _____ Division _____
 Examination Centre (School) _____ Country _____

13. Any other Institute entrance qualifications (e.g. Diploma/F.T.C., etc)? **Yes/No.** _____
 If **YES** Type of qualification _____ College _____
 Year of graduation _____ Class or final GPA _____ Reg. No. _____

14. (a) Were you a working person prior to admission? **Yes/No.** _____

(b) If yes, indicate your employer

.....

15. (a) Name of **father/guardian** _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

16. (a) Name of **next of kin** _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

17. DECLARATION BY THE STUDENT

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

(b) I declare that to the best of my knowledge that all the information given in this form is correct.

(c) (i) **I DO HEREBY UNDERTAKE** to study diligently and to seek the truth of knowledge.

I DO HEREBY UNDERTAKE to obey all lawful authorities in the Institute to observe the regulations of the Institute, **TO EXERCISE DISCIPLINE** and also to promote the good name of the Institute.

Signature of Student..... Date:

18. Confirmation of Fee Payment

Receipt No. _____ Amount Paid _____

I confirm that the due amount has been paid for One Semester Whole year (tick whichever is applicable?)

Accountant; _____ Date: _____
Signature and stamp

Registration Officer

I declare that on the basis of the documentary evidence available in respect of statements made in paragraphs above and all other aspects, the candidate is hereby registered for One Semester
Whole year (tick whichever is applicable).

Full name and signature

.....
Name Signature

Date:

Official Stamp:

Authorization to Issue Identify Card

This is to certify thatReg. No.has satisfied payment Requirements for the issuance of a(Insert whether 'Semester' or 'Whole year') Identity card.

Full name and signature

.....
Name *Signature*

For: Registrar

Date:

Official Stamp:

TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT

Tel. +255 736 210 917
Fax. +255 732 960 849
E-mail. info@cdti.ac.tz
Web. www.cdti.ac.tz



Tengeru Institute of Community Development - TICD
P O Box 1006
TENGERU-ARUSHA
TANZANIA

MEDICAL EXAMINATION FORM

TO BE COMPLETED BY MEDICAL OFFICER

PERSONAL DETAILS

1. FULL NAME OF TRAINEE:.....
2. SEX: MALE/FEMALE:.....
3. AGE (Give date of birth).....
4. SEX
5. MARITAL STATUS:.....
6. PROGRAMME SELECTED.....

MEDICAL INFORMATION

- i. HB TEST:.....
- ii. STOOL:.....
- iii. URINE MIRCO:.....
- iv. T.B TEST:.....
- v. EYE EXAMINATION:.....
- vi. E.N.T:.....
- vii. CHEST:.....
- viii. CHEST X-RAY:.....
- ix. ABDOMEN:.....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

.....
.....
.....
.....

I certify that I have examined the above Trainee and consider that he/she is physically/not physically fit for training.

NAME

DESIGNATION

SIGNATURE.....

.....

STAMP

DATE:.....

