

VIGNAN INSTITUTE OF SCIENCE AND TECHNOLOGY



P.O. Box 77594, New Bagamoyo Road, Near Mbezi Beach Area, Dar es Salaam

APPLICATION FOR ADMISSION

*Paste a recent
passport size
photograph
(DO NOT staple)*

I. ACADEMIC PROGRAMMES (Tick the appropriate box below)

DIPLOMA AND CERTIFICATE PROGRAMS	<input type="checkbox"/> Ordinary Diploma in Clinical Medicine <input type="checkbox"/> Certificate in Clinical Medicine
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II. PERSONAL INFORMATION (*Please Write in BLOCK Letters*)

First Name		Mailing Address	
Middle Name			
Surname		City	
Gender		Region	
Date of Birth		Country	
Place of Birth		Phone Number	
Marital Status		Mobile Number	
Nationality		Fax Number	
Passport No.		E-mail Address	
Place of Issue			
Date of Issue			
Date of Expiry			
NIDA NUMBER			

III. EDUCATION INFORMATION

O-Level School		A-Level School	
Name of School		Name of School	
Index Number		Index Number	
Mailing Address		Mailing Address	
City		City	
Region		Region	
OTHER RELEVANT DEGREE/COURSES ATTENDED			
Type of Course		Type of Course	
Name of School/Coll ege		Name of School/Coll ege	
City		City	
Region		Region	

IV. EMPLOYMENT EXPERIENCE

1.	Name of Employer	
	Address of Employer	
	Employer Contact Number	
	Period of Employment	
	Occupation	
	Name of Supervisor	
	Supervisor Contact Number	

V. FINANCIAL SUPPORT

Name of Sponsor			
Mailing Address			
City/Region,			
Country			
Phone Number		Fax Number	
E-mail Address			

VI. FAMILY INFORMATION

Name of Father		Mailing Address	
Occupation		Employer	
Educational Level		Nationality	
Name of Mother		Mailing Address	
Occupation		Employer	
Educational Level		Nationality	
Name of Spouse		Mailing Address	
Occupational		Employer	
Educational Level		Nationality	
Number of Children		Ages of Children	
Number of Brothers		Number of Sisters	

VII. EMERGENCY CONTACT (Provide two names and addresses)

1. Contact Name		2. Contact Name	
Relationship		Relationship	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity.
- Status of Responsibility/Position

1. Reference Name		2. Reference Name	
Mailing Address		Mailing Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

IX. HOSTEL FACILITY

Do you wish to avail the Hostel Facility - YES / NO

(If yes please visit the Hostel In-charge to get more information about the Hostel)

DECLARATION

I do hereby confirm that

- The Information I have stated above is true and correct
- I shall notify the Institute immediately of any changes in the above information
- I shall comply with the Students By-Laws of which I have been given a copy; and
I shall pay in full the Institute fees due at the beginning of every academic Year /
Semester

Student signature _____ Date _____
DD MM YYYY

Documents Required:

1. To apply for the courses, Application Form can be had from the Admission Office by paying a non-refundable fee of TZS 30,000/- at the cash counter.
2. Two recent passport size photographs.
3. Certified copies of certificates and transcripts.
4. Medical certificate from the Hospital.
5. Agreement for Admission attested by Notary Public.

For Office Use only		
Date of Application Received		
Application Fee <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid	Receipt No: _____ Date _____	
Application Status <input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
Admission Status <input type="checkbox"/> Offered	<input type="checkbox"/> Not Offered	<input type="checkbox"/> Under consideration
If not offered/ under consideration reason _____ _____		
Registration No: _____		
Signature of Admissions Officer		
Verified by: _____		
Signature _____		
Date: _____		

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AGREEMENT FOR ADMISSION

This AGREEMENT is made on the _____ day of _____ 20____ between THE PRINCIPAL / ADMISSIONS OFFICER on behalf of the **VIGNAN INSTITUTE OF SCIENCE AND TECHNOLOGY (VIST)**, P. O. Box 77594 Dar Es Salaam (herein after referred to as the “Institute”) of one part.

AND

_____ of P. O. Box _____
(Herein after referred to as the “student”) of the other part

AND

WHEREAS the student is willing to accept such a place for the said purpose and for the terms herein after contained.

NOW THIS AGREEMENT WITNESS as follows:

1. The Institute hereby covenants with the student as follows:
 - a) To provide Institute education of the required standard, and
 - b) Not to terminate this agreement without good cause and prior notice to the student subject to clause 3 (a) below
2. The student hereby covenants with the Institute as follows:
 - a) To pay all fees payable by the student or his/her sponsor at the rate and in the manner as the Institute may determine from time to time by way of publication of the same in the Institute fees structure for the respective academic year, and
 - b) As a condition to be admitted to VIST to be bound by the following terms during the whole duration of the studies:
 - To adhere to the Institute Constitution together with its rules and regulations, policies and procedures, student’s By-Laws, Institute Examinations, Regulations, and all guidelines
 - To cater for ones transport to and from the Institute during the holidays
 - To be personally responsible for one’s own meals
 - To be allowed to continue with studies for the rest of the academic years only after passing appropriate examinations and payment of the required fees
 - If student personally decides to terminate studies and or due to the case of abrogation of Institute rules and regulation paid fees will not be refunded.
 - To make sure that one’s sponsor pays in full the prescribed fees, and that any internal agreement with the sponsor will not alter ones obligation to the Institute.
 - To insured oneself or to be insured by one’s sponsor against major illness.
 - To abstain from any unlawful assembly.
 - To attend lectures, clinical duties, rotations, and all Institute activities without failure.
 - In case one’s performance is not satisfactory then the Institute authority may take action ranging from requiring the student to re-sit an examination to complete discontinuation from the Institute.

- Not to reveal confidential reports of the patients or hospital during or after completion of one's studies.
 - To replace any Institute property damaged or destroyed by oneself and
 - To observe and respect the nursing and medical ethics, the Institute Constitution and the Hospital standing orders.
3. The Institute and the student mutually agree as follows:
- a) During the duration of this agreement each party may terminate this agreement by issuing a 21 days' notice to the other party, unless it is an act of great misconduct on the part of the student where further stay at the Institute endangers the rest of the Institute or hospital community. In such a case, 24hours notice will be given.
 - b) Any amendment or changes to this agreement shall be agreed by both parties and shall appear to this agreement as annexes.
 - c) Should there arise any complaint or dispute from either party, and then such a dispute shall be amicably settled by the parties through reconciliation by the Institute bodies as set out in the Institute Constitution and
 - d) This agreement will be governed by the Tanzania laws
4. In the event of any difference of opinion regarding the interpretation of any clause I the VIST Constitution or standing orders or any other regulations or by-laws, the decision of the Board of Trustees which is normally reasonably set and upholding the philosophy and mission for founding VIST will be final and binding.

I WITNESS WHEREOF the parties hereto have set their hands on the day and year first above written.

SIGNED for and on behalf of the said VIST by (the Institute)

Name _____

Signature _____ Position _____

P. O. Box 77594, Dar Es Salaam, **Tanzania**



SIGNED and delivered by (the STUDENT):

Name _____ Signature _____

First Name Initial Surname

House No _____ Name of Road / Street _____

Ward _____ District _____ P.O Box _____

City/Town/Village _____ Country _____

Telephone: Country & Area Code _____ No _____

Email ID _____

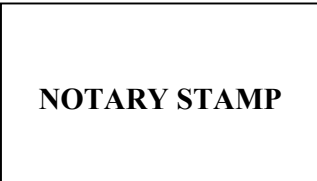
Witness to the above signature:

Name _____ Signature _____

Address _____

Tel No _____

Qualification: Notary Public



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MEDICAL EXAMINATION CERTIFICATE FORM

Name _____ Age _____ Sex _____

Height _____ Weight _____ Address _____

Past History _____ Family History _____

PHYSICAL EXAMINATION

1) Vision:

i. RT eye _____ ii. LT eye _____

2) Respiratory System:

i. ENT _____ ii. Chest _____ iii. Lungs _____ iv. Chest X-ray _____

3) Cardiovascular System:

i. BP _____ ii. Pulse rate _____ iii. Heart _____

4) Digestive:

i. Liver _____ ii. Spleen _____

5) Central nervous system

i. Reflexes _____

6) Urinary Track System

i. Kidney _____ ii. Bladder _____

Has the candidate been treated for psychological or nervous illness _____ has the candidate been successfully vaccinated _____

LABORATORY ANALYSIS

URINE	-	Microscopy _____	Pregnancy Test _____
	-	Multistix _____	Serology _____
STOOL	-	Microscopy _____	Khan Test _____
BLOOD	-	HGB _____	Widal Test _____
	-	ESR _____	ELISA Test _____
	-	WBC-Total _____	TB Test _____
	-	Differential _____	RBC _____
	-	Platelets _____	Blood Group _____

I certify that I have examined the above patient and consider that he/she is physically and mentally fit/unit for student/travel/Abroad/Employment.

Doctor's Name _____ Doctor's Signature _____

Department _____ Date _____ Seal _____