

# 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)

<b>DIPLOMA AND CERTIFICATE PROGRAMS</b>	<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	
<b>OTHER RELEVANT DEGREE/COURSES ATTENDED</b>			
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: _____		