

FORM A



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS DEVELOPMENT
ARDHI INSTITUTE TABORA



**PERSONAL PARTICULARS OF A STUDENT ADMITTED
AT ARDHI INSTITUTE TABORA FOR ACADEMIC YEAR 2017/2018**

1. Surname

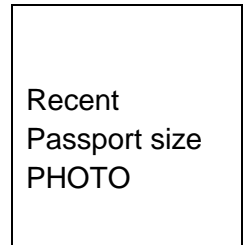
2. Other names

3. Date of Birth:

4. Place of Birth:

District:

Region:.....



5. Nationality.....

6. Religion

7. Parents/ Guardians: Name and Address

.....
.....

8. Permanent Home Address :

.....
.....

9. In case of non-Tanzanian, state whether acquired Tanzanian citizenship and if so,
Quote Registration No.and date of Registration.....

10. If married give name of wife/husband and her/his present address:

.....
.....

NB: (Attach this form with form B & C and send them to the Registrar, Ardhi Institute Tabora, P.O. Box 744, TABORA).

FORM B



THE UNITED REPUBLIC OF TANZANIA
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ARDHI INSTITUTE TABORA



DECLARATION FORM

1. Parents' place of Birth:

Region

District

Town/ Village.....

2. Parents/Guardians place of employment (if any):

Country

Region

District

3. Name of the course to be admitted:

.....
.....

4. STUDENT DECLARATION AND SIGNATURE:

I declare that the information stated above is true and correct and that I undertake to successfully complete the Course I have been selected. I further undertake to abide the Institute By Laws, Rules and Regulations regarding my studies, attendance and disciplinary conditions in the event of my failure in any of those aspects.

.....
Name (in Block Letters)

Date.....

.....
Signature

5. PARENTS/GUARDIANS/SPONSOR/EMPLOYER DECLARATION AND SIGNATURE:

I hereby declare full responsibility to pay fees and any other costs involved in pursuance of the course to be attended by Mr/Mrs/Miss
at Ardhi Institute Tabora.

.....
Name

.....
Position

.....
Signature & Official Stamp (if applicable)

Date.....

FORM C



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS DEVELOPMENT
ARDHI INSTITUTE TABORA



MEDICAL EXAMINATION FORM

(To be completed by a Government Medical Officer)

TO: The Medical Officer,
.....
.....

FROM: The Principal, Ardhi Institute Tabora,
P.O. Box 744, TABORA.

Date:

Mr./Mrs./Miss
(Students' Full Name)

Please examine the above as to his/her physical and mental fitness for a full time Training Course. The examination should include the following categories of which will render the applicant ineligible in case of a defect.

1. (a) Eye - Sight(b) Hearing
- (c) Venereal Diseases(d) Leprosy
- (e) Epilepsy.....(f) Colour vision.....
- (g) Stereoscopy
2. Neurosis
3. Other serious diseases.....
4. Allergy

Declaration:

I declare that this student was examined accordingly by me (Medical Officer) and that the findings/recommendations recorded in this form was done by me in person and in good faith this day of

In connection to the above findings/recommendations, I declare that he/she is physically fit/unfit and mentally fit/unfit for a full time training course.

Name of Medical Officer:

Qualification:

Signature:

Designation & Official Stamp: