



ARDHI INSTITUTE TABORA
(ARITA)



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ARDHI INSTITUTE,
P.O. BOX 744,
TABORA.

To be filled in duplicate

APPEAL FORM

The Institute Examination Regulations number 1.15.4. Requires that all appeals must be written to the institute Board u.f.s the secretary of the Institute Board, P.O.Box 744 Tabora, within 14 days after the release of the approved results.(24th August,2018 to 06th September,2018)

All appeals must be accompanied by a non refundable fee of Tshs 40,000/- per subject paid to the Institute account number 51001100026 NMB Mihayo Branch Tabora.

Please complete this form by filling the followings:

1. Please attach Bank pay in Slip
2. Name of Student (Registered Name)
.....
3. Appellant Examination number.....
4. Date Address
5. Mobile Phone No..... Tel
6. Email Address.....
7. Contact Address (Box).....
8. Field of Study: (e.g. CAT NTAL4, GPT NTAL4, LMT NTAL4,ODG NTAL1)
.....
9. Nature of appeal (Fill Table 7(i) for subjects you are appealing)

7(i) Appeals against subjects

No.	SUBJECT CODE (Module Code)	NAME OF SUBJECT (Module Title)
1		
2		
3		
4		

7 (ii) Nature of Appeal

Describe the nature of unfair marking or examination irregularity relevant to your appeal:

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Student Signature.....Date.....

FOR OFFICE USE ONLY

COMMENTS:

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OFFICER NAME.....

DEPARTMENT

SIGNATURE

DATE