

INTERNATIONAL MEDICAL AND TECHNOLOGICAL UNIVERSITY

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Bagamoyo Road
 Mbezi Beach Area
 P.O. Box 77594
 Dar es Salaam
 Tanzania

ADMISSION APPLICATION FORM ACADEMIC YEAR 2016 – 17

All the required information should be provided, and all alphabets written in CAPITAL A LETTERS. Partially filled forms are unacceptable. fully filled form is valid only when the registration fees are fully paid and received.

1. Course to be pursued. Tick the appropriate row in the Table below

POST GRADUATE COURSES							
Courses	M.Med Obs & Gyn	M.Med PCH	M.Med Internal Medicine	M.Med Surgery	MPH	M.Sc Anatomy	Post graduate Diploma in Palliative Medicine
Tick (√)							

Courses	UNDER GRADUATE COURSES			OTHER COURSES	
	MBBS	B.Sc. MLT	B.Sc. Nursing	Diploma in Nursing	Certificate in Nursing
Tick (√)					

2. Name of Student

First Name Middle Name Surname

3. Permanent Address

House No.....Name of Road or Street.....

Ward.....District.....

P.O BoxCity/Town/Village.....Country.....

Telephone: Country & Area CodeNo

Email ID

4. Mailing address if different from above.

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

5. Date of birth: Day Month Year

6. Place and country of birth

7. Gender: Female Male

8. Nationality:

9. Passport No Date of Issue Place of Issue.....

10. Religion/Denomination

11. Marital Status: Single Married Others (Specify)

12. Name of Spouse.....

First Name Middle Name Surname

13. Spouse Address:

House No.....Name of Road or Street.....

Ward.....District.....

P.O BoxCity/Town/Village.....Country.....

Telephone: Country & Area CodeNo

Email ID

14. Spouse Occupation

15. Do you wish to reside in the University accommodation? YES/NO

16. Name of Next of Kin

First Name Middle Name Surname

16.1 Relationship with Next of Kin.....

16.2 Telephone: Country & Area CodeNumber

16.3 Email ID.....

17. Friends/Relatives living in Dar es Salaam:

Name of Friend/Relative

First Name Middle Name Surname

17.1 Relationship

17.2 Telephone Area CodeNumber.....

17.3 Email ID.....

18. Employment (if any):

- 18.1 Name of Organization
- 18.2 Your Position/Title
- 18.3 18.3 Supervisor in the Organization
- 18.4 Supervisor Contact.....
- 18.5 Telephone: Country & Area CodeNumber.....
- 18.6 Email ID

19. State if you have ever had any serious illness and when

.....

.....

20. Guarantor for Sponsorship written proof for the sponsorship ticked in the Table below

Tick (√)	Sponsor	Written Proof Attachment
	Self	
	Parents	
	Guardian	
	Higher Education Students Loan Board (HESLB)	
	Government Grant	
	Others (Specify)	

21. I do hereby confirm that

- The Information I have stated above is true and correct
- I shall notify the University 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 University fees due at the beginning of every academic year/semester

Student signatureDate.....

DD MM YYYY

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22. The above named student has been registered with the International Medical and Technological University, fromto.....

For theprogramme

22.1 Proof of payment of Registration Fees.....

22.2 Receipt NumberDate.....

DD MM YYYY

22.3 Currency and Amount Paid.....

22.4 Proof of payments of Fees/Outstanding Debts.....

22.5 Receipt NumberDate.....

DD MM YYYY

22.6 Currency and Amount Paid.....

22.7 Name of the verifying Officer.....

Signature of the Officer and Stamp.....Date.....

DD MM YYYY

Faculty Verification for Deferred Courses and examinations

S/No	Course	Code	Deferred Exam Dates

SignatureDate.....

DD MM YYYY

Name of the verifying officer.....

Position.....

Faculty Stamp.....