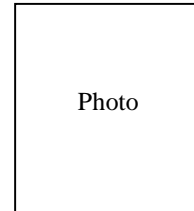


DAR ES SALAAM INSTITUTE OF TECHNOLOGY

P. O. Box 2958, Dar Es Salaam
Tel: 2153511
Email: registrar@dit.ac.tz



ADMISSION APPLICATION FORM



Application for Ordinary Diploma (OD) through Mature Age entry

Academic Year 2010/2011

Ref. No.....
(To be filled by the Registrar)

Please choose three fields of study that you prefer by writing 1, 2, 3 in the right box. Students selected under these choices will be offered full boarding

TRAINING COURSES		
1	Civil Engineering	
2	Computer Engineering	
3	Electrical Engineering	
4	Electronics & Telecommunication	
5	Science and Laboratory Technology	
6	Mechanical Engineering	
7	Mining Engineering	

In case you may not be selected under the above three choices please choose one the field of study that you prefer by writing (✓) in the right box. Students selected under these choices will be admitted as Day Students (off campus)

	Science and Laboratory Technology	
	Mechanical Engineering	

APPLICANT'S PARTICULARS

Please use capital letters. *The names entered on this form must be the same as those appearing on relevant Certificate i.e, CSEE*

1 First name..... Middle name(s).....
Last name.....

- 2 Sex.....
- 3 Date of birth..... 4. Place of birth.....
- 5 Citizenship..... 6. Religion.....
- 7 Marital status.....
- 8 Permanent Address:
-
-
-

- 9 Contact Address (If different from no 8 above)
-
-
-
-
- Telephone Number.....Email.....

10 EDUCATION BACKGROUND

(a) Certificate of Secondary Education Examination (C.S.E.E.) /National Form 4/GCE or Equivalent.

<i>SUBJECT</i>	<i>GRADE</i>	<i>DATE</i>	<i>INDEX NO.</i>	<i>SUBJECT</i>	<i>GRADE</i>	<i>DATE</i>	<i>INDEX NO.</i>

Examination Authority..... Division.....

Examination/Centre/School.....

Country.....

(c) Give details of any other qualifications e.g. Diploma, Certificate etc.

<i>SUBJECT</i>	<i>GRADE</i>	<i>DATE OBTAINED</i>

11 **EMPLOYEMENT RECORD**

<i>EMPLOYER</i>	<i>POST HELD</i>	<i>DATE (S)</i>

Indicate the number of receipt; crossed Postal/Money Order/Pay in slip you enclosed with this form being applicatifees.....
 (NB. *Original receipts must be attached with this form*).

12 Do you have any physical or communication disabilities (Tick whichever is applicable to enable the Institute to make proper arrangements for you if admitted)

- (a) Vision/Mobility/Speech/Hearing/Others
- (b) If any of the above give details of disability.

.....

13 **FEES PAYMENT RESPONSIBILITIES**

14 Give full name and address as well as a guarantee letter from your sponsor who will pay your tuition fees and other expenses.

.....

15 **DECLARATION**

I declare that information given in this form is correct.

Signature of applicant:

Date:

Remember:: (i) *Your application forms will not be processed if you have not enclosed receipt of application form of Tshs. 20,000/= and certified academic and birth certificates*

(ii) *Remember it is a criminal offence to submit false information for matriculation.*

(ii) *No change of field of study once admitted under mature entry.*