

# HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)

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Tanzania

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## REGISTRATION FORM FOR NEW STUDENTS (2017/2018)

**NB: IT IS VERY IMPORTANT TO COMPLETE THIS FORM. ALL THE INFORMATION SHOULD BE IN CAPITAL LETTERS. PARTIALLY FILLED FORMS WILL NOT BE ACCEPTED**

- 1 Name of student:
  - 1.1 Surname \_\_\_\_\_
  - 1.2 First name \_\_\_\_\_
  - 1.3 Other name(s) \_\_\_\_\_  
Home address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- 1.4 Programme of studies to be undertaken \_\_\_\_\_
- 1.5 Duration of the programme: \_\_\_\_\_
- 2 Date of birth \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_  
Position in family by birth: \_\_\_\_\_
- 3 Place of birth \_\_\_\_\_
- 4 Nationality \_\_\_\_\_ Tribe \_\_\_\_\_ Region \_\_\_\_\_
- 5 Passport No: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Place of Issue: \_\_\_\_\_
- 6 Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_
- 7 Marital status: \_\_\_\_\_  
Name of spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation \_\_\_\_\_  
Number of Children \_\_\_\_\_  
Names, gender and age of your own children if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8 Do you reside in the university accommodation? YES / NO  
If NO where do you intend to live?  
Street: \_\_\_\_\_  
Municipality: \_\_\_\_\_
- 9 Next of kin (state relation): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Postal address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

No of children in your family: \_\_\_\_\_

Name(s) of all children (sisters and brothers) and their addresses/occupation and ages:

i) Sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii) Brothers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Name and addresses of any other relatives in Dar es Salaam (state relation and give Telephone numbers and e-mails if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 Name and addresses of any friends living in Dar es Salaam with telephone number and e-mail addresses if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 In case of an emergency who should be contacted first:

a) In Dar es Salaam:

\_\_\_\_\_

b) At home: (if home is not in Dar es Salaam)

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax. \_\_\_\_\_

E-mail: \_\_\_\_\_

13 Employment (if any):  
\_\_\_\_\_  
\_\_\_\_\_

14 State if you have ever had any serious illness and when:  
\_\_\_\_\_  
\_\_\_\_\_

15 Leisure activities/sports which you will continue to be active in. State if you have ever won a medal or trophy; where, when and in what sport?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 Membership in associations (political, social & professional):  
\_\_\_\_\_  
\_\_\_\_\_

Date of commencement of training: \_\_\_\_\_

*I do hereby confirm that the information stated above is true and correct*

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

***OFFICIAL USE ONLY***

The above named student has been registered with the Hubert Kairuki Memorial University from \_\_\_\_\_ to \_\_\_\_\_ to undertake MD \_\_\_\_\_, NTA LEV 6 \_\_\_\_, NTA LEV 4 \_\_\_\_\_, BSCN- IS \_\_\_\_\_, BSCN- PS \_\_\_\_\_, MMED \_\_\_\_\_ PDG \_\_\_\_\_ Programme.

Name of the Officer: \_\_\_\_\_ Title of the Officer: \_\_\_\_\_

Signature of the Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of change of address or information filled in here you are requested to notify the university immediately.**