

Form No

ZANZIBAR METROPOLITAN COLLEGE
(ZAN METRO)

Zanzibar Metropolitan College,
P.O. Box: 375,
Building/Plot No.5,
Kisauni-Mawasiliano,
Off Fumba Road,
Zanzibar-Tanzania.



“Where Ideas Become Impact”

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OFFICE OF THE DIRECTORATE OF ACADEMIC AFFAIRS

APPLICATION FOR ADMISSION

I.ACADEMIC PROGRAMMES (Tick the appropriate box below)

CATEGORY OF APPLICATION

I am applying as: (Tick all that apply)

- i. National Student
- ii. International Student
- iii. Advanced Level Certificate Entrant
- iv. Diploma holder Entrant
- v. Certificate Entrant

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Have you previously been enrolled in any College? Yes No (Tick one)

a. If yes, state the Name And Programme.....

Which Program do you wish to Apply (Select in the list below)

DIPLOMA PROGRAMMES	<input type="checkbox"/> Ordinary Diploma in pharmaceutical sciences <input type="checkbox"/> Ordinary Diploma in Clinical Medicine
VTA AND VETA PROGRAMMES	<input type="checkbox"/> Information And Communication Technology <input type="checkbox"/> Laboratory Assistant (LA) <input type="checkbox"/> Front Office Operations <input type="checkbox"/> Business Operation Assistant (BOA) <input type="checkbox"/> Medical Attendant (Orderly) <input type="checkbox"/>

Attach
Passport Photo

Form No

II. PERSONAL INFORMATION (Please write in block letters)

First name		Residence	
Middle name		City	
Surname		Region	
Gender		Country	
Date of Birth		Phone No	
Place of Birth		Mobile No	
Marital status		Fax No	
Nationality		Email Address	
Passport No.		Place of Issue	
Date of Issue		Date of Expiry	
NIDA Number/Zan Id			

III. EDUCATION INFORMATION

Primary & O - Level School		A - Level School	
Name of Pri school		Name of school	
Region		Region	
District		District	
Name of Sec school		Index No.	
Index No.		Mailing Address	
Mailing Address		City	

OTHER RELEVANT DEGREE/COURSE ATTENDED

Name of Institution		Name of Institution	
Location		Location	
Type of Course		Type of Course	

IV. EMPLOYMENT EXPERIENCE

1	Name of Employer	
	Address of Employer	
	Employer contact No	
	Period of Employment	
	Occupation	

V. FINANCIAL SUPPORT

Name of sponsor	
P.O. Box	
City/Region	
Country	
Phone No	
Email Address	

VI. FAMILY INFORMATION

Name of Guardians /Parents		House Number	
Occupation		Employer	
Educational level		Physical Address	
Phone Number		Nationality	
Signature of the Guardians/Parents			
Name of Next of Kin		House Number	
Occupation		Nationality	
Educational level		Physical Address	
Phone Number		Email	
Signature of the Next of Kin			

VII. EMERGENCY CONTACT (Provide two names and address)

a) Contact Name		b) Contact Name	
Relationship		Relationship	
Email Address		Email Address	
Phone No.		Phone No.	
Mobile No.		Mobile No.	
Fax No.		Fax No.	

VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic integrity
- Status of Responsibility/ Position

a) Referee Name		b) Referee Name	
Phone No.		Phone No.	
Mobile No.		Mobile No.	
Fax No.		Fax No.	
Email Address		Email Address	

IX. HOSTEL FACILITY

Do you wish to use the hostel facility- YES/ NO?

DECLARATION:

I do hereby confirm that

- The information I have stated above is true and correct.
- I shall notify the institute (college) immediately of any changes in the above information
- I shall comply with students By-Laws of which, I have been given a copy, and I shall pay the institute fees due at the beginning of every academic year/ Semester

Student signature

Date..... /...../.....
dd mm yyyy

Documents Required

1. To apply for a course(s), Application form can be solicited from the Admission Office by paying a nonrefundable fee of TZS 30,000, through the following Bank Account.

NAME OF A/C: ZANZIBAR METROPOLITAN COLLEGE

ACCOUNT NO:000000000 (For TZS).

BANK NAME: PBZ ISLAMIC BANK

ACCOUNT NO:000000000 (For TZS).

BANK NAME: CRDB ISLAMIC BANK.

Student's Signature:

Date:

Applicant Checklist

- ❖ Completed all sections applicable to my application.
- ❖ Attached copies of academic documents.
- ❖ Attached certified copies of previous qualifications.
- ❖ Attached other relevant documentary evidence, as required, in support of my application.
- ❖ Signed the Informed Consent.
- ❖ Signed the Declaration.

NB: The college will not handle student's personal money. consequently, any extra money included in the fees will be presumed to be pre-payments for subsequent semester.

<i>For Office use Only</i>	
Date Of Application Received	
Application Fee a) Paid b) Not Paid	Date / / Receipt No.....
Application Status <input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Admission Status <input type="checkbox"/> Offered <input type="checkbox"/> Not Offered <input type="checkbox"/> Under Consideration	
If not Offered/ Under consideration gives reasons-----	
Registration No.....	
Signature of Admission Officer	
Verified by..... Signature: Date:	

