

VICTORIA INSTITUTE OF SCIENCE AND TECHNOLOGY

(VIST)



PO. Box 4435,
Kijichi Road near Bus Station,
Victoria Building,
Zanzibar – Tanzania.

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Website: www.vistz.ac.tz,

Tel: +255 693 858 494,
+255 776 805 783,
+255 717 401 028.
+255 779 900 529

APPLICATION FOR ADMISSION

I. ACADEMIC PROGRAMMES (Tick the appropriate box below)

Attach
Passport Photo

DIPLOMA PROGRAMMES

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Diploma in Clinical Medicine |
| <input type="checkbox"/> | Diploma in Pharmaceutical Sciences |
| <input type="checkbox"/> | Diploma in education with art subjects |
| <input type="checkbox"/> | Diploma in education with science subjects |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

CERTIFICATE PROGRAMMES

☐ Certificate in early childhood education

VETA AND VTA PROGRAMMES

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Laboratory assistant (LA) |
| <input type="checkbox"/> | Medical Attendant / ORDERLY |
| <input type="checkbox"/> | Information Communication Technology (ICT) |
| <input type="checkbox"/> | Front Desk Operations |
| <input type="checkbox"/> | Business Operation Assistant (BOA) |

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	

<i>Passport No.</i>		<i>Place of Issue</i>	
<i>Date of Issue</i>		<i>Date of Expiry</i>	
<i>NIDA/ZANID</i>			

III. EDUCATION INFORMATION.

<i>O - Level School</i>		<i>A - Level School</i>	
<i>Name of school</i>		<i>Name of school</i>	
<i>Index No.</i>		<i>Index No.</i>	
<i>Mailing Address</i>		<i>Mailing Address</i>	
<i>City</i>		<i>City</i>	
<i>Region</i>		<i>Region</i>	

OTHER RELEVANT DEGREE/COURSE ATTENDED

<i>Name of Institution</i>		<i>Name of Institution</i>	
<i>Location</i>		<i>Location</i>	
<i>Type of Course</i>		<i>Type of Course</i>	

IV. EMPLOYMENT EXPERIENCE.

<i>Name of Employer</i>	
<i>Address of Employer</i>	
<i>Employer contact No</i>	
<i>Period of Employment</i>	
<i>Occupation</i>	

V. FINANCIAL SUPPORT.

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

VI. FAMILY INFORMATION.

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

VII. EMERGENCY CONTACT (Provide two names and address)

<i>a) Contact Name</i>		<i>b) Contact Name</i>	
<i>Relationship</i>		<i>Relationship</i>	
<i>Email Address</i>		<i>Email Address</i>	
<i>Phone No.</i>		<i>Phone No.</i>	
<i>Mobile No.</i>		<i>Mobile No.</i>	
<i>Fax No.</i>		<i>Fax No.</i>	

VIII. PERSONAL REFERENCES.

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

- *Academic integrity*
- *Status of Responsibility/ Position*

<i>a) Referee Name</i>		<i>b) Referee Name</i>	
<i>Phone No.</i>		<i>Phone No.</i>	
<i>Mobile No.</i>		<i>Mobile No.</i>	
<i>Fax No.</i>		<i>Fax No.</i>	
<i>Email Address</i>		<i>Email Address</i>	

IX. HOSTEL FACILITY.

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

(If yes, please visit the hostel in charge to get more information about the Hostel)

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 in full the institute fees due at the beginning of every academic year/ Semester*

Student signature

*Date...../...../.....
dd mm yyy*

Documents Required

1. To apply for the courses, Application form can be had from Admission Office by paying a nonrefundable fee of TZS 30,000, through the following Bank Account.

BANK NAME A/C: VICTORIA INSTITUTE OF SCIENCE AND TECHNOLOGY

ACCOUNT NO: 026000035439 (For TZS).

BANK NAME: AZANIA BANK.

BANK BRANCH : AMANI BRANCH (Amaan Zanzibar)

2. Two recent passport size photographs.
3. Certified copies of certificates and transcripts.
4. Medical certificate from the recognized Hospitals.
5. Agreement for Admission and if possible attested by Notary Public.

For Office use Only			
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	a) Offered	b) Not Offered	c) Under Consideration
If not Offered/ Under consideration give reasons-----			
Registration No.....			
Signature of Admission Officer			
Verified by:.....			
Signature:.....			
Date:.....			