



THE STATE UNIVERSITY OF ZANZIBAR

APPLICATION RECEIPT

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Application Summary

Full Name: Mr. Salim Ali Salim

Ref.Number: MUM/ADM/884/17-18

Address: Address

Phone Number: 0777000000

Programme(s) Applied:

First Choice: Diploma in Medical Laboratory Technology

Second Choice: Ordinary Diploma in Science and Laboratory Technology

Applicant Signature: _____ Date of Submission: _____

Comments from Employer: _____

Employers Signature & Stamp: _____ Date: _____

Application Fee:

Application Fee is TZS: 0/= which shall be paid at the .

Account Name;; Account Number:

Submission of application documents:

This receipt must be submitted at Main Campus, Morogoro before
application deadline along with the following documents

- (i) Application fee payment slip(Bank receipt)
- (ii) Photocopies of all your certificates
- (iii) Recent passport size photo attached to this application receipt

Documents sent by postal services shall be addressed to:

Department of Academic and Quality Affairs

The State University of Zanzibar

P.O.BOX 146, Zanzibar-Tanzania

Documents sent by e-mail shall be sent to: daqa@suza.ac.tz