



## HIGHER EDUCATION STUDENT'S LOANS BOARD

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### STANDARD DISABILITY FORM TO BE INCORPORATED AS PART OF THE APPLICATION FORM IN OLAMS

*Note: This form must be filled by District Medical Officer (DMO) or Regional Medical Officer (RMO)*

#### APPLICANT'S DETAILS:

Name of the Loan Applicant (Student): .....

Postal address:.....

#### Physical address

Street:.....

Ward:.....

District:.....

Region:.....

Name of the Disabled Person:.....

Relationship of the disabled person to the loan applicant: .....

#### Physical address

Street: .....

Ward: .....

District: .....

Region: .....

#### Type of Disability (Kindly tick where appropriate):

1. PHYSICAL( )

2. MENTAL( )

#### CONFIRMATION OF DISABILITY:

Comments if any:

.....  
.....  
.....

I hereby confirm that the above named person has impairments which hinder his/her engagement in socio-economic activities.

Name of the Authorizing

Personnel:.....

Signature:.....

Title/Designation: .....

Date: .....

Region/District: .....

Doctor's Registration Number: .....

Stamp / Seal