



UNIVERSITY OF IRINGA

FIRST YEAR REGISTRATION FORM



(To be filled in duplicate and attach COPIES of Form IV(s), VI(s), AVN, birth Certificates and medical examination)

Academic Year Year of study Level of study

Student's Academic Details

Token Number	Programme Selected	Faculty	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name (As in your O-level certificate)	Middle Name (As in your O-level certificate)	Last Name (As in your O-level certificate)	Gender (F/M)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
'O' Level School	F4 Index Number	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
'A' Level School	F6 Index Number	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
University/College	Diploma Name	Diploma AVN	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
University/College	Degree Name	Registration number	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Details

Nationality	Region	P.O.Box	Date of Birth (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Details

Mobile Number	Other Mobile Number	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parents/Guardian & Sponsorship

Names	Relationship	Mobile Number	Sponsorship
<input type="text"/>	<input type="text"/>	<input type="text"/>	PRIVATE / HESLB / OTHERS

Accommodation Details

Nature of Accomodation	Hostel Name	Room No / Street
ON / OFF CAMPUS	<input type="text"/>	<input type="text"/>

Certification: *I certify that the above information is true to the best of my knowledge Date.....*

Official Use Only

Admissions Office: UIso: Account office: NHIF: University ID: