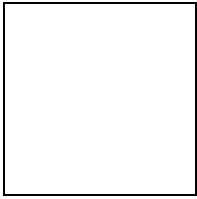


# ST GASPAR VOCATIONAL TRAINING AND SERVICES CENTRE

P.O Box 66680 DAR ES SALAAM E-Mail:st gaspardelbufalo@yahoo.com

TELEPHONE NO: +0767 738 902



Form Number: \_\_\_\_\_

## Student Registration Form 2020

### Particulars of the Applicant:

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Other Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_

### Physical Address:

House Number: \_\_\_\_\_  
Street: \_\_\_\_\_  
District: \_\_\_\_\_  
Region: \_\_\_\_\_

### Postal Address:

P.O Box \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant's Academic Qualifications:

Form Four   
Form Six   
Equivalent Qualification

### Program/Course of Training Applied:

\_\_\_\_\_  
\_\_\_\_\_  
(Long Course/Short Course)

### Particulars of the Sponsor:

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Other Names: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

### Physical Address:

House Number: \_\_\_\_\_  
Street: \_\_\_\_\_  
District: \_\_\_\_\_  
Region: \_\_\_\_\_

### Postal Address:

P.O Box \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

### Applicant's Acknowledgement

*I, \_\_\_\_\_  
having read and understood the conditions  
and requirements of the institute hereby  
acknowledges that the information provided  
above is true to the best of my knowledge  
and that I shall faithfully abide to the rules  
governing the Institution.*

*Date: \_\_\_\_\_ Signature: \_\_\_\_\_*

### For Office Use Only:

Received on: \_\_\_\_\_ By: \_\_\_\_\_ Designation: \_\_\_\_\_  
Program Approved: \_\_\_\_\_ Start on: \_\_\_\_\_

\_\_\_\_\_  
Official Stamp