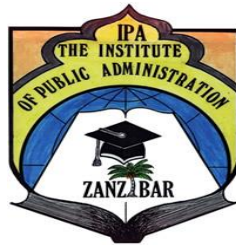


THE INSTITUTE OF PUBLIC ADMINISTRATION - ZANZIBAR



Affix passport
size here.

REGISTRATION FORM MARCH 2021

STUDENTS FULL NAME:

DATE OF BIRTH: / / **GENDER:** **MARITAL STATUS:**

PHYSICAL ADDRESS: **Email ADDRESS:**

PROGRAMME:

CERT /DIP/BACHELOR: **SEMESTER:**

REGISTRATION CODE: **REGISTRATION No:**

NOTE: The registration number is your Form Four Number and year starting with N (NSXXXX/XXXX/XXXX) and the registration CODE is the one sent by NACTE during verification process.

NEXT OF KIN: *(name and address of person to be notified in case of emergency)*

KINS NAME: **RELATIONSHIP:**

KINS PHONE NUMBER: **PHYSICAL ADDRESS:**

EMPLOYMENT RECORDS: *(This section is filled by Employed Candidates only)*

EMPLOYERS' NAME:

EMPLOYERS ADDRESS:

TELEPHONE NUMBER:

SN	AMOUNT PAID	RECIEPT NUMBER

STATEMENT BY APPLICANT:

I certify that the information given above is true and correct to the best of my knowledge.

Student Signature: **Date:**