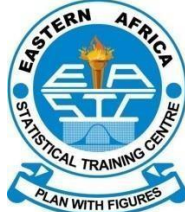


EASTERN AFRICA STATISTICAL TRAINING CENTRE
P.O Box 35103 Dar-es-Salaam, Tanzania
Tel: 255-732 994592/994642, 0784 784106, Fax: 255-732 991395,
E-mail: info@eastc.ac.tz Website: www.eastc.ac.tz



Fix your
recent
Passport
Size

**REGISTRATION FORM –EASTC
ACADEMIC YEAR 2025/2026**

REG NO: _____

Programme for which you are registering for, (Write the Name of the Programme as written in your Admission Letter).

Name of Programme.....
Duration of Study.....Years

A. PERSONAL DETAILS (IN BLOCK LETTERS)

Name: _____
Birthplace and Date: _____
Nationality: _____
Marital status: _____
Current address: _____
Telephone (s): _____ Cell Phone: _____
Email:- _____

B. SPONSORSHIP DETAILS

Name of sponsor: _____
Address of sponsor: _____
Telephone (s): _____ Cell Phone: _____
Email: _____
Relationship: (a) Employer [] (b) Parent [] (c) Guardian [] (d) Personal [] (e) Others []
Qualifications (Please enclose transcripts of your results)

C. FORM 4 (SECONDARY SCHOOL EDUCATION)

Secondary Schools Attended (O-Level)	Form 4 Index Number	Year of Completion	Grade Awarded In Mathematics and English	
			Mathematics	English

D. FORM 6 (ADVANCED SECONDARY SCHOOL EDUCATION)

High Schools Attended (A-Level)	Form 6 Index Number	Year of Completion	Subject Combination (e.g PCM, PCB, ECA)			

Form 6 (ACSE) Subject done (<i>e.g Advanced Mathematics</i>)	Grade Awarded (<i>e.g C</i>)

E. COLLEGE/UNIVERSITY EDUCATION INFORMATION (*To be filled specifically by those joining Diploma from Certificate, Bachelor Degree from Diploma and Foundation Programmes (OUT), and for those joining Masters Degree Programmes*)

Certificate/Diploma/Foundation Programme/Degree	Institution	Year of Completion	G.P.A	A.V.N Number (Diploma/NTA 6/Foundation Prog. Reg. No.)

Self-evaluation (tick where appropriate)

Attribute	Excellent	Very Good	Good	Average	Poor
Academic Capacity					
Command of Spoken English					
English Writing Skills					
Mathematical skills					

F. HOW DID YOU HEAR ABOUT EASTC (TICK WHERE APPROPRIATE)

S/N	PLATFORM	TICK (WHERE APPROPRIATE)
1	Flyers and Brochures	
2	Local Radio/ TV advertisements	
3	Newspaper	
4	Another EASTC student	
5	Exhibitions	
6	Mobile phone social networks (Whatsapp, Instagram, Facebook and other forms)	
7	EASTC Alumni	
8	High Schools and Secondary Schools Visits by EASTC Staff	
9	Family/Parents/Close Relatives	
10	If Other Kindly Specify	

Check list: The following are prerequisites for this Registration:

- **Two passport size photographs not older than three months from the date they were taken**
- **Copies of all educational certificates, academic transcripts, birth Certificate, Curriculum Vitae (CVs) and relevant testimonials**
- **Certificate will be checked with the National Examination Councils Board**
- **A medical certificate from a recognized medical practitioner**
- **An endorsement and/or letter from the sponsor/employer or guardian confirming his/her Readiness to sponsor the applicant**
- **Employed candidates must have a release letter from their employers**

G. REFEREES

Name of Referees	1)..... 2).....
Contacts of the First Referee	Address..... Phone (s) Email
Contacts of the Second Referee	Address..... Phone (s) Email

Statement of authenticity

I hereby declare that all the information supplied is true, and no attempt has been made to mislead EASTC Admissions Office. Should any cheating be discovered after admission EASTC reserves the right to nullify the Admission

Date_____

Signature_____

(Recommendation by Admissions office (for official use only))

Applicant recommended/not recommended for admission into the program:.....

Reason if any:.....

Name: Signature: Date:

**EASTERN AFRICA STATISTICAL TRAINING CENTRE
P.O.BOX 35103 DAR-ES SALAAM, TANZANIA**



MEDICAL EXAMINATION REPORT

SURNAME: **OTHER NAMES:**

AGE: **SEX:**

MARITAL STATUS: **CITIZENSHIP:**

PERSONAL HISTORY

Has the examinee suffered from any of the following? Indicate Yes or No.

- | | |
|---|---------------------------------|
| 1. Tuberculosis..... | 2. Pneumonia..... |
| 3. Pleurisy..... | 4. Asthenia..... |
| 5. Rheumatic Fever..... | 6. Allergy disorder..... |
| 7. Heart Disease..... | 8. Gastric or duodenal..... |
| 9. Recurrent indigestion..... | 10. Jaundice..... |
| 11. Dysentery..... | 12. Varicose Veins..... |
| 13. Kidney or urinary disease..... | 14. Diabetes..... |
| 15. Epilepsy..... | 16. Deformity..... |
| 17. Psychotic..... | 18. Eye disorder..... |
| 19. Ear, Nose or Throat disorder..... | 20. Skin disease..... |
| 21. Anemia..... | 22. Gynecological disorder..... |
| 23. Malaria other tropical disease..... | 24. Cholera..... |
| 25. Major or minor operations..... | 26. Serious accidents..... |

27. Any other serious disorder.....

PHYSICAL EXAMINATION.

1. Height: 2. Weight:

3. Skin disease: 4. Eye Conjunctivae

Pupils:

Vision: Right:

Left:

5. Please state condition of Ears (if any discharge):

Mouth and throat:

Nose:

6. Any Abnormality:

7. Cardiovascular System:

Blood Pressure: Systolic:

Diastolic:

Heart: Any Murmur?:

Arteries and Veins:

8. Abdomen:

Hernia:

Hydrocele:

Masses:

Liver:

Kidneys:

Rectal:

Any Clinical evidence of hyperacidity or gastric duodenal ulcer?:

LABORATORY.

1. Urine Albinum:
Sugar:
Bilharzia:
2. Stool: Special emphasis on Hookworm or Bilharzia.
3. Blood examination: Hb Level:
 - (a) Neuotrophils.....
 - (b) Eusinophils.....
 - (c) Bisophils.....
 - (d) Lymphocytes.....
 - (e) Monooytes.....
 - (f) ESR.....
4. X-ray examination - Chest:
5. Scrology: Widal Test: VDRL:
6. Pregnancy Test:

CONCLUSION.

I have examined Mr./Mrs./Miss/and considered that he/she is/is not physically and mentally fit to be admitted to higher studies.

.....
.....

Name

Signature

Date

.....
Title

.....
Qualifications.

Address:

.....

.....

Official stamp

.....

