

**CHUO CHA USIMAMIZI WA FEDHA  
THE INSTITUTE OF FINANCE MANAGEMENT  
OFFICE OF THE DEPUTY RECTOR-ACADEMICS, RESEARCH AND CONSULTANCY**



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11101 DAR ES SALAAM, EA  
TANZANIA

FORM NO. 1

## **(UNDERGRADUATE JOINING INSTRUCTIONS)**

### **JOINING INSTRUCTIONS FOR STUDENTS IN CERTIFICATE, DIPLOMA AND BACHELOR DEGREE PROGRAMMES FOR THE 2017/2018 ACADEMIC YEAR.**

#### **1.0 IMPORTANT**

Every student admitted to a programme of study tenable at the Institute of Finance Management must carefully read, understand and abide by the instructions stated below. Failure to do so will not be accepted as an excuse for breach of part or any of the instructions, rules and regulations proclaimed by the Institute in the Prospectus or any other document.

#### **2.0 REGISTRATION PROCESS**

The registration process will start on **Monday 16<sup>th</sup> October, 2017**. Students may come to register and return home until the week of orientation. Before registration all student are required to pay the minimum amount as shown in the appendix B.

#### **3.0 DATE OF ARRIVAL**

All students' are required to report officially at the Institute on **Monday 23<sup>rd</sup> October, 2017 for orientation. New entrants will attend an orientation week from 23<sup>rd</sup> October, 2017 to 27<sup>th</sup> October, 2017**. Registration of students and payment of tuition and other fees must be completed as soon as possible to secure their places. Details of the orientation programme will be provided to new entrants on arrival. Take note that **it is mandatory for each student to register within the first week of commencement of each semester.**

#### **4.0 COMMENCEMENT OF CLASSES**

Classes will commence on **Monday, 30<sup>th</sup> October, 2017** for all programmes. With the exception of full-time programmes whose classes start at 7:00am and Part-time classes starts at 5:00pm Monday to Friday. Timetables will be availed during the orientation week.

## **5.0 MEDICAL EXAMINATION**

New students are required to be medically examined by a registered physician who will complete the Medical Examination Form No.3. (Can be downloaded from the IFM website). The confidential medical report should be signed, sealed by the medical practitioner and submitted by hand to the Institute at the time of registration.

All charges associated with the medical examination should be met by the student/sponsor.

## **6.0 IMMIGRATION**

All foreign students are advised to settle their immigration/residential status with the Immigration Service Department before the commencement of classes.

## **7.0 STUDENT ACCOMMODATION**

The Institute does not guarantee availability of hostel space for students. To avoid inconveniences, students are advised to make their own arrangements for accommodation outside the Institute well in advance prior to commencement of the academic year. However, the Dean of student's office may assist students in securing accommodation in privately operated facilities.

## **8.0 RELEASE LETTER**

In-service (employee) students should submit a letter from their employer indicating they have been released to pursue the selected course of study. The letter must be produced at the time of registration.

## **9.0 TUITION FEES AND ASSOCIATED COSTS**

9.1 The applicable tuition fee must be paid in full, in advance, immediately after initial verification of the documents to complete registration through Account No. **01J1042984102 CRDB Bank** or Account No. **2011100163 NMB Bank** for Main Campus (Dar es Salaam) Students only and Account No. **015139000022 NBC Mwanza Branch** for Mwanza Center Students only and the original pay-in slip should be presented to the IFM cash office for issuance of IFM receipt. Account for payment of NHIF fees for both Main Campus (Dar es Salaam) and Mwanza Center is **011139000094 NBC**. Account name for all bank accounts is **Institute of Finance Management**.

***WARNING! Submission of fraudulent bank pay in slips will not only make your admission being revoked but also result in a legal prosecution.***

**9.2 FIELDWORK, RESEARCH AND DISSERTATION**

Sponsors are requested to set aside a substantial amount for a student to complete fieldwork and dissertation (e.g data collection and analysis). It is recommended that sponsors have to measure this cost is based on the current living costs and writing up period of two (2) months which can be extended to six (6) months, depending on the research topic and students effort to complete.

9.3 All payments must be done one week before commencement of classes in any semester.

9.4 All administrative costs; (Reg., Caution Money, Student ID and IFMSO, & NACTE Exam fees) except field work fees may be paid in the first semester.

9.5 Among other requirements no student will be registered before paying the relevant fees.

9.6 No student will be allowed to attend classes or to sit for any tests or examinations if the tuition fee is not paid as required.

9.7 It is the practice of the Institute that once paid; and the student has been registered, fees are neither refundable nor transferable.

9.8 The schedules (in Appendix A) indicate the Institute's tuition fees for the various programmes

**10.0 ENTRY REQUIREMENT AND AUTHENTICITY OF DOCUMENTS.**

10.1 The burden of proof for the authenticity of documents submitted during applications process lies on applicant. IFM reserves the right at any time before or during the progress of your programme to revoke the admission and/or registration status should it be found that the applicant used false documents or does not meet our standards.

10.2 Verification of documents presented during application process is only the beginning of both internal and external verification process which is continuous throughout the duration of your programme.

10.3 If at any time it is discovered that an admitted/Registered student presented false document or the submitted document are below our standard as described in the invitation for application, IFM Reserves the right to cease the admission/Registration and if found that the violation of laws Country's law, the student will be open for prosecution.

10.4 In case of revocation of students' admission/Registration the said student will be inventible for any refund of the paid amount so far.

**APPENDIX A: ANNUAL TUITION FEE DISTRIBUTIONS FOR LOCAL STUDENTS**

<b>S/N</b>	<b>PROGRAMME</b>	<b>TUITION FEE</b>	
			<b>TSHS.</b>
1	Basic Certificate		800,000
2	Ordinary Diploma	Non-computing:	1,200,000
		Computing:	1,400,000
3	Bachelor Degree	Non-Computing:	1,500,000
		Computing:	1,700,000

## **APPENDIX B: PAYMENT INSTALMENTS SCHEDULE (FOR STUDENTS WHO CAN NOT PAY AT ONCE)**

IFM has made arrangement for installment payment to ease the financial pressure to its students if you are unable to pay the amounts above in a lump sum; the following arrangements have been approved for this purpose:

S/N	PROGRAMME		1ST INSTALMENT 60%	2ND INSTALMENT 40%
1	Basic Certificate		625,000.00	420,000.00
2	Ordinary Diploma	Non-computing:	865,000.00	580,000.00
		Computing:	985,000.00	660,000.00
3	Bachelor Degree	Non-Computing:	1,050,000.00	700,000.00
		Computing:	1,170,000.00	780,000.00

**Note:** *1<sup>st</sup> Installment comprises: 60% of tuition fee plus other costs.  
2<sup>nd</sup> Installment comprises: 40% of the tuition fee plus field work costs*

## **APPENDIX C: OTHER COSTS FOR LOCAL STUDENTS – UPDATED 2017**

S/N	PROGRAMME	IFMSO	CAUTION MONEY (1 <sup>st</sup> Yr Only)	REGISTRATION (1 <sup>st</sup> Yr Only)	NACTE EXAM FEES (1 <sup>st</sup> Yr Only)	ID CARD (once a year)	FIELD WORK/ RESEARCH PROJECT	TOTAL OTHER COSTS	ANNUAL HEALTH INSURANCE COVERAGE
1	Basic Certificate	10,000.00	50,000.00	50,000.00	15,000.00	20,000.00	100,000.00	245,000.00	50,400**
2	Ordinary Diploma	10,000.00	50,000.00	50,000.00	15,000.00	20,000.00	100,000.00	245,000.00	50,400**
3	Bachelor Degree	10,000.00	50,000.00	50,000.00	20,000.00	20,000.00	100,000.00	250,000.00	50,400**

**\*\* 50,400/-: This amount to be paid in addition to the total amount only for those who does not possess valid health insurance coverage card. This should be paid to NBC Bank account no. 011139000094 with account name Institute of Finance Management**

## **11.0 REGISTRATION REQUIREMENTS**

11.1 In order to qualify for registration, a student must fulfill the following requirements

- (i) Pay the applicable tuition fees in full (or installment when permitted). A copy of the IFM receipt must be produced during registration.
- (ii) Submit all original certificates and two copies of **Form IV, Form VI, Diploma, Degree Certificates etc** for verification.
- (iii) Submit personally dully filled Medical Examination Report at the time of registration.
- (iv) Pay Compulsory Caution Money: To be paid at the rate of Tshs 50,000/- (For Tanzanian students) or USD 50 (For International students).
- (v) Pay processing fees for Student Identity Card – Charged rate is Tshs 20,000/- for a new ID card and Tshs 20,000 for replacement.
- (vi) Pay NACTE quality assurance fee as follows:
  - NTA level 4-6: 15,000/= per year at every NTA level(Certificate and Diploma programmes)
  - NTA level 7-8: 20,000/= per year at every NTA level(Bachelor programmes)
- (vii) Letter of release from employer (for in-service students).
- (vii) Residence Permit – (for international students).

11.2 Upon fulfilling all registration requirements, the student will be issued with a registration number from the office of Registrar.

## **12.0 CHANGING FROM ONE PROGRAMME TO ANOTHER**

12.1 It is allowed for student to change from one programme to another depending on the availability of spaces and entry criteria used during selection.

12.2 Due to changes on admission this year's programme change will very restricted to entry criteria and availability as specified by regulators.

12.3 Before asking for any changes students are advised to be certain with their request as changes are only executed once. There will be no reversal to the previous programme once changed.

12.4 All request for changes should be done after a student is registered to the programme admitted. No changes will be administered to unregistered student.

## **13.0 STUDENTS HEALTH INSURANCE**

13.1 Students health contribution will be 50,400/= per year. This is compulsory to all students. Health insurance cards will be provided to each student. For those with cards already, will submit the copy of it to the Dean of Students Office for validity approval. **No student will be registered without fulfilling this requirement.**

#### **14.0 PROPER USE OF MODERN FACILITIES**

The Institute has installed ultra-modern State-of-the-art learning facilities for conducive learning environment. **Students are required to take care of such facilities available in lecture theatres and computer labs.** Stern disciplinary penalty will be taken for negligence.

#### **15.0 MEALS**

15.1 The Institute does not offer meals to students. Privately-run catering facilities are available on campus and around the Institute.

15.2 Students are free to take their meals wherever they choose at their own expense. Sponsors are advised to provide a sum of shs.7, 500/= per day for full-time students to cover the cost of breakfast, lunch and dinner.

15.3 Money in respect of meals should be paid directly to the student.

#### **16.0 BOOK AND STATIONERY ALLOWANCE**

A sum of shs.300, 000/= per annum is recommended for the purchase of basic textbooks and stationery. The amount should be paid directly to the student.

#### **17.0 STUDENTS' WELFARE**

Students are encouraged to participate in different activities organized by their association. The IFM students Organization (IFMSO) is responsible for organizing and coordinating students' activities. Each student is required to pay a membership fee of Tshs 10,000/= annually.

#### **18.0 WORSHIP**

The Institute recognizes the individual's right of worship. However, it does not have any facilities designated for that purpose. Students are therefore advised to use the facilities available for religious services outside the campus. The Institute is centrally located for students to access numerous places of worship around the city center.

#### **19.0. SCHOLARSHIPS AND FINANCIAL ASSISTANCE**

The Institute does not have any scholarship funding scheme. Accordingly, it does not extend financial assistance to students.

#### **20.0 COMMUNICATION**

Students registered for a course of study at IFM are required to regularly consult notice boards designated for each faculty as well as the Registrar's office. Students should also regularly consult the IFM website ([www.ifm.ac.tz](http://www.ifm.ac.tz)) for any information that may have a bearing on their studies or welfare. For internal communication, students are advised to use the communication module in their Student Information System (SIS) accounts. If necessary student may received

non-reply SMS via a number +255785462173. **Caution:** Students are advised to note this number if possible to serve it as “IFM-SMS Service” other people may send them SMS which might be misleading from other numbers. IFM will not be responsible for any SMS sent with any other number.

**21.0** Every student must read the Institute’s prospectus, which will be available upon arrival and in the IFM website.

**22.0** **DISCIPLINE**

22.1 Students are required to demonstrate good behavior within and outside the Institute. Students must follow the institute’s rules, regulations and students bylaw stipulated in the prospectus.

21.2 Failure to observe and fulfill the Institute’s rules, regulations and student by-laws will attract a disciplinary action which may include expulsion from the studies.

**THANK YOU AND YOU ARE WARMLY  
WELCOME AT IFM.  
THE BEST CHOICE YOU HAVE MADE EVER!**



**CHUO CHA USIMAMIZI WA FEDHA  
THE INSTITUTE OF FINANCE MANAGEMENT  
(ESTABLISHED UNDER THE ACT No. 3 OF 1972)**

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11101 DAR ES SALAAM, EA  
TANZANIA

Our Reference: IFM/ADM/2017/2018

**FORM NO.2**

**ACCEPTANCE OF ADMISSION OFFER**

Your Ref. No. \_\_\_\_\_  
(Quote the Ref. No. on your admission letter)

Date: \_\_\_\_\_

To: The Rector  
Institute of Finance Management  
5Shaaban Robert Street  
P.O. Box 3918

**11101 DAR ES SALAAM**

Telephone: 255-22-2112931/4  
Fax: 255-22-2112935  
Telegrams: E-mail [rector@ifm.ac.tz](mailto:rector@ifm.ac.tz)  
Website: <http://www.ifm.ac.tz>.

Dear Sir,

I acknowledge receipt of the **2017/2018 JOINING INSTRUCTIONS** and confirm my acceptance of a place of study at your Institute, I understand that I shall be registered for the course of \_\_\_\_\_ I confirm that my admission to the Institute is on the understanding that I will complete the course I have been admitted into unless required otherwise by the Institute. **I also confirm that I have read all information in form 1 and accept them all.**

I confirm that during my course of study my Institute fee will be paid through \_\_\_\_\_  
(state whether through scholarship award, private means, parastatal bursary, etc.)

Yours faithfully,

\_\_\_\_\_ (Signature)

**NAME:** (In Capital) \_\_\_\_\_

**Admission number:** \_\_\_\_\_

This form to be returned immediately. If we don't receive by that date your admission place may be open to another application

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***All correspondence should be addressed to the Rector***

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Our Reference: IFM/ADM/2017/2018

**FORM NO.3**

**MEDICAL EXAMINATION FORM**

Admission to the Institute of Finance Management is conditional upon receipt of a satisfactory Medical Report.

**PART ONE**

**PARTICULARS OF THE APPLICANT**

(TO BE FILLED BY THE APPLICANT)  
(FILL YOUR NAME AS APPEARED IN YOUR CERTIFICATES)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

INITIALS: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

FACULTY: \_\_\_\_\_

**PART TWO**

**A: PERSONAL HISTORY**

Has the examinee suffered from any of the following?

- |                                            |                                                  |
|--------------------------------------------|--------------------------------------------------|
| 1. Tuberculosis                            | 15. Jaundice                                     |
| 2. Pneumonia                               | 16. Dysentery                                    |
| 3. Other respiratory disease               | 17. Varicose Veins                               |
| 4. Pleurisy                                | 18. Kidney or Urinary disease                    |
| 5. Asthma                                  | 19. Rapture                                      |
| 6. Allergic disorder                       | 22. Diabetes                                     |
| 7. Heart disease Gastric or duodenal ulcer | 21. Epilepsy                                     |
| 8. Recurrent indigestion                   | 22. Poliomyelitis or other neurological disorder |
| 9. Nervous breakdown                       | 23. Skin disease                                 |
| 10. Psychiatric disorder                   | 24. Malaria or other tropical disease            |
| 11. Eye disorder                           | 25. Cholera                                      |
| 12. Ear, Nose or Throat disorder           | 26. Operations                                   |
| 13. Gynecological disorder (female only)   | 27. Serious accidents                            |
| 14. Anemia                                 | 28. Any other serious disorder                   |
|                                            | 29. Pregnancy (female only)                      |

## B. PHYSICAL EXAMINATION

1. Height metres \_\_\_\_\_ Centimetres \_\_\_\_\_
2. Weight (kilograms ) \_\_\_\_\_
3. Skin disease \_\_\_\_\_
4. Eyes Conjunctives \_\_\_\_\_ Pupils \_\_\_\_\_  
Sight: without glasses Right \_\_\_\_\_  
Left \_\_\_\_\_  
With glasses Right \_\_\_\_\_  
Left \_\_\_\_\_
5. Please state condition of ears (if any discharge) \_\_\_\_\_  
Mouth and throat \_\_\_\_\_
6. **Respiratory system:**  
Any abnormality? \_\_\_\_\_
7. **Cardiovascular system:**  
Blood pressure: Systolic \_\_\_\_\_  
Diastolic \_\_\_\_\_  
Hearth: any murmur? \_\_\_\_\_  
Arteries and veins \_\_\_\_\_
8. **Abdomen:**  
Masses \_\_\_\_\_  
Liver \_\_\_\_\_  
Spleen \_\_\_\_\_  
Kidneys \_\_\_\_\_  
Any operation scan? \_\_\_\_\_
9. **Genitalia:**  
Hernia \_\_\_\_\_  
Hydrocel \_\_\_\_\_
10. Any clinical evidence of hyperacidity or gastric duodenal ulcer? \_\_\_\_\_

## C: LABORATORY TEST

1. Urine: Albumin \_\_\_\_\_  
Sugar \_\_\_\_\_  
Leucocytes \_\_\_\_\_  
Bilharzia \_\_\_\_\_  
Stools: Special Emphasis on Hookworm or Bilharzia \_\_\_\_\_
2. Blood examination: Haemoglobin: \_\_\_\_\_  
White cell count – Total \_\_\_\_\_  
Different Count:
  - (a) Neutrophils: \_\_\_\_\_
  - (b) Eosinophils: \_\_\_\_\_
  - (c) Basophils: \_\_\_\_\_
  - (d) Lymphocytes: \_\_\_\_\_
  - (e) Monocytes: \_\_\_\_\_
  - (f) Erythrocyte Sedimentation Rate (ESR) mm/hr: \_\_\_\_\_





**THE INSTITUTE OF FINANCE MANAGEMENT**

**FORM A:**

**REG. NO:** \_\_\_\_\_

**STUDENTS REGISTRATION FORM FOR CERTIFICATE, DIPLOMA AND  
BACHELOR DEGREE**

**2017/2018 ACADEMIC YEAR**

(To be completed by students joining the Institute for the first time)

PLEASE USE CAPITAL LETTERS

1. SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME(S): \_\_\_\_\_

2. DATE OF BIRTH: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY \_\_\_\_\_

3. DISTRICT OF ORIGIN: \_\_\_\_\_ HOME VILLAGE \_\_\_\_\_

4. GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

5. PERMANENT HOME ADDRESS (POSTAL): \_\_\_\_\_

STUDENT'S TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

7. RESIDENCE: \_\_\_\_\_

8. FINANCIAL SPONSOR: \_\_\_\_\_

9. EMPLOYER (IF ANY): \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB RESPONSIBILITIES: \_\_\_\_\_

WORK STATION: \_\_\_\_\_

10. NAME OF FATHER: \_\_\_\_\_  
HIS OCCUPATION: \_\_\_\_\_  
HIS ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_  
HER OCCUPATION: \_\_\_\_\_  
HER ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF BROTHER: \_\_\_\_\_  
HIS OCCUPATION: \_\_\_\_\_  
HIS ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF SISTER: \_\_\_\_\_  
HER OCCUPATION: \_\_\_\_\_  
HER ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_  
HUSBAND/WIFE: \_\_\_\_\_  
HIS/HER OCCUPATION: \_\_\_\_\_  
HIS/HER ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF NEXT OF KIN: \_\_\_\_\_  
HIS/HER OCCUPATION: \_\_\_\_\_  
HIS/HER ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NAME OF ANY OTHER CLOSE RELATIVE: \_\_\_\_\_

HIS/HER OCCUPATION: \_\_\_\_\_

HIS/HER ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

11. SECONDARY SCHOOLS AND COLLEGE ATTENDED (GIVE DATES)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. ORIGINAL CERTIFICATES PRESENTED (PLEASE TICK)

(A) NATIONAL FORM VI (A-LEVEL) OR EQUIVALENT: \_\_\_\_\_

13. NATIONAL FORM IV (O-LEVEL) EXAMINATION OR EQUIVALENT RESULTS

EXAMINING AUTHORITY: \_\_\_\_\_

INDEX NO.: \_\_\_\_\_ EXAMINATION CENTRE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

14. NATIONAL FORM VI A- LEVEL EXAMINATION OR EQUIVALENT RESULTS

EXAMINATION AUTHORITY: \_\_\_\_\_

INDEX NO: \_\_\_\_\_ EXAMINATION

CENTRE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

15. ANY OTHER EDUCATION QUALIFICATIONS:

\_\_\_\_\_

16. POST SECONDARY SCHOOL ORIGINAL CERTIFICATES PRESENTED

(Please tick) \_\_\_\_\_

17. POST SECONDARY SCHOOL CERTIFICATES

TYPES OF CERTIFICATE (e.g. ADVANCED DIPLOMA, UNDERGRADUATE, DEGREE etc.)	NAME OF INSTITUTION WHICH ISSUED THE CERTIFICATE	SUBJECTS TAKEN (i.e. 1,2,3, YEAR etc.)	GRADE/ MARK (A,B, etc.)	DIVISION YEAR CLASS (I, II etc)

18. STATEMENT BY STUDENT:

I \_\_\_\_\_ HEREBY CERTIFY THAT  
 THE  
 FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY  
 KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>FOR OFFICAL USE ONLY :</b>          FULL NAME OF IFM STAFF _____          I CERTIFY THAT THIS FORM WAS FULLY COMPLETED BY STUDENT          AS CHECKED BY MYSELF.          SIGNATURE _____          DATE _____ / _____ / 2017</p>
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 11101 DAR ES SALAAM, EA  
 TANZANIA

Our Reference: IFM/ADM/2017/2018

Name in Full.....  
 Student admission number .....  
 Programme.....

Date...../...../ 2017

Mode of study: Full Time/Partime.....

**A. Admissions Office**

ITEM			Approved	Not Approved	SIGNATURE
Verification of authenticity of documents	O-level	No.			
	A-level	No.			
	Diploma/Cert.	No.			
Verification of Fees	Tuition Fee	No.			
	IFMSO	No.			
	Registration Fee	No.			
	ID Fee	No.			
	Caution Money	No.			

**B. Head of Department**

Verification of data on original documents	O-level passes	No.			
	A-level passes	No.			
	Diploma/Cert.	No.			

**C. Declaration by student**

I .....declare that I shall abide by examination regulations, students bylaws and regulations as issued by the Institute.

Student's signature ..... Date.....

**D. Admissions Officer**

I certify that the above named student has fulfilled all registration requirements.

Candidate's registration number..... Signature..... Date.....

**NB:** Deadline for registration of Fresh students is 14<sup>th</sup> November, 2017 at 4.00 p.m.