

ARDHI INSTITUTE MOROGORO

P.O. Box 155 Tel: 023-2613061 Fax: 023-2600076 Email: info@arimo.ac.tz Website: www.arimo.ac.tz

Attach PPS photo

APPLICATION FORM FOR ACADEMIC YEAR 2024/2025 (March Intake)

1. PERSONAL PAR	ΓICULARS					
(Fill in CAPITAL LETT	ERS)					
(i) Names:						
Surname:	First Nam	e: Middle Name:				
Gender (Tick appropria	te): Male: F	emale:				
NOTE:						
The names entered in th	ese forms must be th	e same as those of 'O' Level School Certificates, C	ourse			
Certificates or equivalent	nt document offered	as an entry qualification.				
(ii) Date of Birth (I	Date of Birth (DD/MM/YYYY)					
(iii) Contact: Mobile	Contact: Mobile Email ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Marital Status (<i>Tick appropriate</i>): Married: Single:					
(v) Nationality	Nationality					
(vi) Financial Spon	Financial Sponsor					
_						
Telephone (<i>Include Area</i> 2. ACADEMIC BAC	a Code) KGROUND:	E-mail address				
Year of Examination	Grand Attained	Remarks (For official use only)				
uionai Form VI (Aavanc	ea Levei) School Ce	rtificate (ACSEE) results:				
Year of Examination	Grade Attained	Remarks (For official use only)				

State any other qualifications:

Qualification	Place	Year

3. EMPLOYMENT RECORDS (For Employees Only):

E/Mail

4. ACADEMIC PROGRAMMES

(Please indicate your preference by ticking the programme of your choice)

SN	NAME OF PROGRAMME	TICK
1	Basic Certificate in Geomatics (NTAL 4)	
2	Basic Certificate in Urban and Regional Planning (NTAL 4)	
3	Basic Certificate in GIS (NTAL 4)	

5. ENTRY QUALIFICATIONS

1. Basic Certificate in Geomatics

For Basic Certificate programme the minimum entry qualification is Certificate of Secondary School Education (CSSE) with at least D grade in Mathematics or Physics, and Geography and English.

2. Basic Certificate in Urban and Regional Planning

The minimum entry qualification for Basic Certificate programme in Urban and Regional Planning is at least the Certificate of Secondary School Education (CSSE) with four "D" passes or above in either of the following subjects: Mathematics, Physics (or Engineering Science), Geography, English, Chemistry, Biology, Commerce and History, or a certificate of Secondary Education and National Vocational Training Award Level 3 (NVTA 3)

3. Basic Certificate in Geographic Information Systems (GIS)

A candidate should have at least the Certificate of Secondary School Education (CSSE) with a minimum of four "D" passes; TWO (2) of the passes should be either in Geography, Mathematics, Physics or Chemistry subjects.

INSTRUCTIONS

- 1. The fee for this Application Form is Tshs 10,000/=
- 2. This form is applicable and valid only for this Academic year 2024/2025, March intake
- 3. Forms should be attached by pay-in slip after depositing the money through Control Number **996450041035** (ARIMO UDAHILI MARCH INTAKE)
- 4. Any Application Form submitted without attaching the pay-in slip or proof of payment will not be considered.
- 5. Applicant is required to fill the application form carefully and neatly. Forms containing incomplete information will not be considered.
- 6. On returning this form, applicants MUST attach certified photocopies of all the relevant Certificates (such as CSSE/FTC Certificates).
- 7. Consideration will be made to all applicants who meet minimum entry requirement for each programme.
- 8. All application forms must reach the institute on or before 29th February 2024.

Please return the completed Application Forms together with certified1copies of certificates to: Principal Ardhi Institute Morogoro P.O. Box 155 MOROGORO.

Email: admission@arimo.ac.tz	
6. DECLARATION OF THE APPLICANT	
I,	declare that, the
information provided is true and correct to the best of my knowledge, and I shall be otherwise.	held responsible if proved
Signature of Applicant	
Date	

FOR OFFICIAL USE ONLY

Recommendations by Registrar:

Received and accepted/not accepted for consider	ration
Name	
Signature	
Date	
Recommendation by the Institute Admission (Committee
Recommended/Not recommended for admission	as per entry requirements.
Name of Chairperson	Name of Secretary
Signature:	Signature:
Date:	Date: