



AFFIX
PHOTOGRAPH
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TANZANIA INSTITUTE OF ACCOUNTANCY (TIA)

REGISTRATION FORM-2022/2023 (MARCH INTAKE)

PART 1: (TO BE COMPLETED BY STUDENT IN OWN HANDWRITING)

- 1. FULL NAME OF STUDENT: (i) FIRST NAME:
(ii) MIDDLE NAMES: (iii) SURNAME:
- 2. SEX: 3. DATE OF BIRTH: TEL.....
- 4. NATIONALITY: 5. MARITAL STATUS:.....
- 6. COURSE TO WHICH ADMITTED:
- 7. ACADEMIC QUALIFICATION:8. DATE ACQUIRED:
- 9 NEXT OF KIN (PARENT/**GUARDIAN/P/SPONSOR**):
- ADDRESS:
- RELATIONSHIP:
-
- 10 IN SERVICE STUDENT (**EMPLOYEES ONLY**)
 - (i) NAME AND ADRESS OF EMPLOYER
 -
 - (ii) SINCE (Year)
 - (iii) NAME AND ADRESS OF PRESENT STATION OF WORK:
 - (iv) POSITION/TITTLE:
 - VI. ADDRESS.....

PART II: DECLARATION BY STUDENT:

I CERTIFY THAT THE INFORMATION GIVEN IN PART I OF THIS FORM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I THEREFORE UNDERTAKE TO:

- (A) CARRY OUT SUCH INSTRUCTION AND ABIDE BY SUCH RULES AND CONDITIONS AS AND MAY BE STIPULATED BY THE INSTITUTION IN RESPECT OF TRAINING.

- (B) FOLLOW THE COURSE OF STUDY OR TRAINING AND ABIDE BY RULES AND CONDITIONS LAID DOWN BY THE INSTITUTION
- (C) SUBMIT ANY PROGRESS REPORT WHICH MAY BE PRESCRIBED
- (D) VACATE SCHOOL PREMISES AT THE END OF MY COURSE OF STUDY, OR WHEN REQUIRED TO DO SO BY INSTITUTE'S AUTHORITY.

I ALSO FULLY UNDERSTAND AND AGREE THAT IF I FAIL TO ABIDE BY THE ABOVE CONDITIONS I WILL BE SUBSEQUENTLY DISCONTINUED FROM STUDIES.

DATE: SIGNATURE OF STUDENT.....

PART III: FOR OFFICIAL USE ONLY:

- 1. COURSE:
- 2. GIVEN REGISTRATION NO.: DATE:.....

SIGNATURE OF ADMISSION OFFICER:..... DATE:

HOW DID YOU GET INFORMATION ABOUT TIA FOR THE FIRST TIME? TICK THE RELEVANT OPTION

- i. Television ()
- ii. Radio ()
- iii. Newspapers ()
- iv. Message/phone call ()
- v. Joining letter from your secondary school ()
- vi. Friends, relatives or neighbors ()
- vii. TIA website ()
- viii. Social media (Instagram, Facebook, twitter) ()
- ix. Exhibitions (saba saba, TCU exhibitions, Nanenane) ()

ATTACHMENTS- attach copies of

- i. Academic certificates
- ii. Birth certificate/ affidavit
- iii. Medical examination form