

## AMENYE VOCATIONAL TRAINING CENTER



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Amenye Health Training Institute  
 And Vocational Training Center,  
 P. O Box 26,  
 Mbeya,  
 TANZANIA.

Date .....

Ref. No. ....  
 (Official use only)

Staple 1 certified passport  
 Size photograph  
 herewith your name  
 clearly printed

### APPLICATION FORM FOR ADMISSION TO ACADEMIC YEAR 2020/2021

**GENERAL INFORMATION:**

Amenye Health Training Institute and Vocational Training Center a modern full registered training institute. The institute is granted by NACTE and VETA to offer up to diploma level with a Full Registration and Accreditation.

**Currently programmers offered by Ameny Health and Vocational Training Institute**

No	COURSES UNDER VETA	Duration	Tick selected course
1	LAB ASSISTANT (LEVEL I-II)	2 years	
2	ICT (INFORMATION AND COMMUNICATION TECHNOLOGY) (LEVEL I-II)	2 year	
3	SECRETARY (LEVEL I-II)	2 years	
	SHORT COURSE		
4.	SECRETARY	6 Month	
5.	COMPUTER APPLICATUON	1 Month	
6.	LAB ASSITANT	6 Month	

## INSTITUTE LOCATION

**Amenye Health Training Institute and Vocational Training Center** is located at Ilemba Street Iyela– Mbeya city 4 km from the city center. The institute is about 2 km from the highway from Dar es Salaam to Tunduma through old Airport road and it is close to Airport Secondary school.

This form contains important information. Please read the form carefully and make sure that you have covered everything on the form before submission. Return an appropriately filled form to the Admissions officer at the **Amenye Health and Vocational Training Institute** with the necessary attachments. Please provide a reliable e-mail address and phone number for correspondence.

The cost of application form is Tsh 10,000/= and this amount should be paid at the point of the collection of this form.

## REGISTRATION INFORMATION

- A. FULL NAME \_\_\_\_\_
- B. FORM FOUR EXAM NUMBER \_\_\_\_\_
- C. YEAR OF COMPLETION \_\_\_\_\_
- D. EXAMINATION AUTHORITY \_\_\_\_\_
- E. COURSE SELECTED \_\_\_\_\_
- F. PRIMARY SCHOOL NAME \_\_\_\_\_

(iv) Sex: \_\_\_\_\_

(v) Date of Birth: \_\_\_\_\_

(vi) Place of Birth: District \_\_\_\_\_ Region \_\_\_\_\_ Mobile \_\_\_\_\_

(vii) Parent /guardian name \_\_\_\_\_ Relationship \_\_\_\_\_

(viii) Religion: \_\_\_\_\_ Address \_\_\_\_\_ Mobile \_\_\_\_\_

(ix) Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ District \_\_\_\_\_

(xi) Current Address to which information should be mailed.

Email: \_\_\_\_\_