

# AMENYE HEALTH AND VOCATIONAL TRAINING INSTITUTE

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Amenye health and vocational  
 training institute,  
 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 and Vocational Training Institute 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 Ameye Health and Vocational Training Institute

No	COURSES UNDER NACTE	Duration	Tick selected course
1	Diploma in Medical Laboratory Sciences(fresh from school)	3 years	
2	Diploma in Medical laboratory sciences (Up grading- In service)	1 year	
3	Certificate in Medical Laboratory science	2 years	
4.	Diploma in clinical Medicine	3 years	
5.	Certificate in clinical Medicine	2 years	
6.	Technical certificate in medical lab.	1 year	

## 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  
**Note:** NACTE applicant should include fee for registration Tsh 20,000/= which should be paid direct to the Institute

## REGISTRATION INFORMATION

- A. FULL NAME \_\_\_\_\_
- B. FORM FOUR EXAM NUMBER \_\_\_\_\_
- C. YEAR OF COMPLETION \_\_\_\_\_
- D. EXAMINATION AUTHORITY \_\_\_\_\_
- E. CONTROL NUMBER \_\_\_\_\_ (OFFICE ONLY)
- F. COURSE SELECTED \_\_\_\_\_
- G. 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: \_\_\_\_\_