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## TANZANIA CORRECTIONAL TRAINING ACADEMY (TCTA) STUDENTS' ADMISSION/ENROLLMENT FORM PROGRAMME (NTA LEVEL 4, NTA 5 & NTA LEVEL 6), 2023/2024

COMPOZINA		
1. PROGRAMME DETAILS		
Your Registration No.		
(Registration number should be filled by A	dminssion Officer of the TCTA College after selection	n)
Academic Year		
Programme's Name		
Programme Duration	Entry Level	
NOTE: (The names entered must be the	same shown on your Certificate of Secondary Educat	ion Examination (CSEE)
2. STUDENT BASIC PARTICULARS		
First name	Middle name	Surname
Date of Birth	Gender	Physical Impoirment
3. STUDENT CONTACT DETAILS	Disease Neurolean	Free! Address
Postal Address	Phone Number	Email Address
Country Of Residence	Region Of Residence	District Of Residence
j		
4. STUDENT NEXT OF KIN		
Close Relative Full Name	Close Relative Full Adress	Close Relative Phone Number
Close Relative Relation Type	Close Relative Email Address	Close Relative Religion
5. STUDENT PREVIOUS EDUCATION S	CHOOLS	
Primary School	O' Level Secondary School	A' Level Secondary School
6.MARITAL STATUS: (Tick one where i	s applicable )	
Married	Single Divorced	Widow

## 7. ENTRY QUALIFICATION DETAILS

- i. Manner of entry to the College (Tick which ever is applicable)
- (a) Advance Certificate of Secondary Education Qualification (ACSEE)
- (b) Certificate of Secondary Education Examination (CSEE)
- (c) Other Basic Technician Certificate (NTA 4) which relates to correctional field

ii. Do you hold origionals of your certificates (Tick w	vhich ever is applicable)
(a) Advance Certificate of Secondary Education	
(b) Certificate of Secondary Education Examination (CS	SEE)
(c) Other Basic Technician Certificate (NTA 4) which rel	ates to correctional field
7. DECLARATIONS BY THE STUDENT:	
(a) I declare that to the best of my knowledge that all the	e information given in this form is correct.
(b) (i) I ${f DO}$ HEREBY UNDERTAKE to study diligently a	ind to seek the truth of knowledge
(ii) I DO HEREBY UNDERTAKE toobey all lawful author	orities, to observe regulations of the Academy
TO <b>EXERCISE DISCIPLINE</b> and also to promote the g	lood name of the Academy.
Student's Signature	Date:
FOR OFFICE USE ONLY	
9. ADMISSION OFFICER:	
I declare that on the basis of the documentary evidence	ce available in the respect of the statement made in No. 7 above and all other
aspects, the candidate is hereby registered for One year	or programme in Technical Certificate in Correctional Science.
Full Name	Signature
Date	Official Stamps

Signature .....

10. AUTHORIZATION TO ISSUE IDENTITY CARD

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FOR: DEPUTY COMMANDANT ACADEMIC RESEARCH AND CONSULTANCY

has satisfied all academic requiremetns for the issuance of One year programme from ...... to ......

Date: ..... Offical Stamp: