

	<p align="center"><b>DAR ES SALAAM MARITIME TRAINING ACADEMY (DMTA)</b></p> <p align="center">P.O.Box 3625, Nkurumah Street, Plot no 2035, Block 155 Dar es Salaam</p>	<p align="center"><b>ATTACH PHOTO</b></p>
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### DMTA F-1 STUDENTS REGISTRATION FORM

<b>PERSONAL INFORMATION</b>	
First Name	
Middle Name	
Surname	
Gender	
Nationality	
National ID/Passport number	
Place of Birth	
Date of Birth	

<b>COURSE DETAILS</b>	
Course Name:	Batch Number:
Course period	

<b>CONTACT INFORMATION</b>	
P.O.Box	
E-mail address	
Mobile phone number	
<b>Physical address:</b>	
House No:	Street:
District:	Region:

<b>EMERGENCY CONTACTS</b>	
Next of Kin Name:	
Next of Kin Phone number	
Next of Kin Address	

#### **Declaration**

I hereby declare that the information provided above is true and correct to the best of my knowledge and understand that any false information may lead to the cancellation of my admission.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_