



DAR ES SALAAM MARITIME TRAINING ACADEMY (DMTA)

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ATTACH PHOTO

DMTA F-1 STUDENT REGISTRATION FORM

PERSONAL INFORMATION

First Name	
Middle Name	
Surname	
Gender	
Nationality	
National ID/Passport number	
Place of Birth	
Date of Birth	

COURSE DETAILS

Course Name:	Batch Number:
Course period	

CONTACT INFORMATION

P.O.Box	
E-mail address	
Mobile phone number	
Physical address:	
House No:	Street:
District:	Region:

EMERGENCY CONTACTS

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: _____