



MOSHI INSTITUTE OF TECHNOLOGY-MIT
TCG A BUILDING,1ST FLOOR –OPPOSITE STANDARD CHARTED BANK/
KILIMANJARO HOSPITAL Plot 7/A Rindi Lane,
P.O.Box 8734, Moshi, Tanzania.
Tel/fax: 2750531 mobile: 0754-469894/0655241914/0678093637
e-mail: mitcomputingtz@gmail.com
www.mit.tareo-tz.org

FORM NO: _____ /2023

Full Name:			
Date/year of birth:		Nationality :	
Residence address:			
Languages spoken		phone or mobile:	
Education level			
Do you have any particular needs? (or a disability?)			
ARE YOU EMPLOYED?			
§ Employer's Name & Address:			
Your job title:			
Please indicate your courses/packages preference and class time			

Bank	Account name	Account number
E M E Exim Bank	Moshi Institute of Technology	0770449200

**R
GENECY CONTACT PERSON**

Last Name: _____ First & Middle Name: _____
 Relation to applicant: _____
 Address: _____ mobile: _____

How did u learn about this Institute? : _____

Enquiries

All enquiries about application for admission should be directed to the Principal:
 Telephone No. : (+255) 2750531/0754469894/0655241914
 E-mail mitcomputingtz@gmail.com

INSTITUTE CLASS SCHEDULE		
SESSIONS	CLASSES TIME	
1 ST	8:00AM	10:00AM
2 ND	10:00AM	12:00PM
3 TH	12:00PM	2:00PM
4 TH	2:00PM	4:00PM
5 TH	4:00PM	6:00PM
6 TH	6:00PM	7:30PM

SUMMARY OF RULES AND REGULATIONS:

- The College is open to all students irrespective of their religion, color or sex, but reserve the right of admission on the grounds of academic performance and good behavior.
- Foreign students must comply with the Tanzania Immigration Regulations before they are admitted.
- Fees once paid are neither refundable nor transferable under any circumstances. At least 50% of the tuition fee must be paid before the start date of the course.
- Students will have to purchase their own writing and study materials.
- Students are expected to maintain high standards of personal discipline and morality .
- Complaints/grievances or any other form of communication should be channeled to the Principle through student relationship officer or trainer(instructor)

DECLARATION

I hereby certify that the information given on this form is **TRUE, CORRECT** and **COMPLETE** to the best of my knowledge.

Signed (applicant): _____ Date: _____