



TANZANIA NURSING AND MIDWIFERY COUNCIL

APPLICATION FOR ADMISSION TO THE REGISTER OF NURSES AND MIDWIVES

Full Names {(Block Letters) **please follow order & do not write three names if you have only two names**}

.....
First
Middle
Last

Previous Names (If any)/Maiden Name:.....

Permanent Address Tel: No

E-mail: Your current Licence Number.....

Employer in Tanzania..... Nature of Employment

Birth Date: Month..... Year..... Place of Birth

Sex Nationality Tribe

Training Centre

Address

Length of Training From:Date.....Month.....Year To:Date.....Month.....Year

Date of Final ExaminationMonthYear.....

Particulars of Previous Training and Registration/Enrolment

Name of School	Trained from (Month/Year) to (Month/Year)	Passed final exams on Month/ Year	Registered in which part and capacity (<i>e.g. Part one as a Nurse</i>)	Registration/ Enrolment Certificate Number	Registration/ Enrolment Date

Enclose Registration fees:

(a) Registered Nurse TShs. 80,000/= for Citizen and US\$120 for Non Citizen

(b) Enrolled Nurse TShs. 60,000/= for Citizen and Non Citizen US\$100

(c) Four (4) standard passport size photographs.

(d) Account No. NBC 011103005663 NMB 2231300043

.....
 (Signature of the Applicant)

.....
 (Principal's Signature and
 Rubber Stamp for Training Centre)

Send this form to: The Registrar
 Tanzania Nursing and Midwifery Council
 P.O. Box 6632
 Dar es Salaam, Tanzania
 Mobile: 0789 785 947 – L/Line: 022-2121974 Fax: 022-2133975