

# CHUO CHA USTAWI WA JAMII

## TANGAZO LA OMBI LA HOSTEL

OFISI YA MSHAURI WA WANAFUNZI INAPENDA KUWATANGAZIA WANAFUNZI WA MWAKA WA KWANZA KATIKA NGAZI CHETI NA ASTASHAHADA KUOMBA NAFASI ZA HOSTEL.

HIVYO KAMA KUNA MWANAFUNZI YEYOTE ANAYEHITAJI KUKAA HOSTEL HIYO YA NDANI AFIKE OFISI YA MSIMAMIZI WA HOSTEL (WARDEN) KWA AJILI YA KUJAZA FOMU YA MAOMBI.

KWA WASIOWEZA KUFIKA CHUONI, WAJAZE FOMU ILIYOAMBATANISHWA KWENYE TANGAZO HILI. BAADA YA KUIJAZA, UTA-SCAN NA KUITUMA KWENYE EMAIL: [info@isw.ac.tz](mailto:info@isw.ac.tz)

MWISHO WA KUPOKEA MAOMBI HAYO NI TAREHE 11/10/2024.

LIMETOLEWA NA

MSHAURI WA WANAFUNZI

18/06/2024

# INSTITUTE OF SOCIAL WORK

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P.O Box 3375

Dar es Salaam

TANZANIA

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## STUDENT'S ACCOMMODATION APPLICATION FORM

Students who are interested to acquire accommodation in the Hostel of the Institute of Social Work should complete this form and return to the Dean of Students' Office.

1. Surname \_\_\_\_\_ First name \_\_\_\_\_

Other names \_\_\_\_\_ Sex: Male (  ) Female (  )

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Region \_\_\_\_\_

District \_\_\_\_\_ Home Address \_\_\_\_\_

Personal Mobile No \_\_\_\_\_ Parents/Gardian Mobile No \_\_\_\_\_

2. Registration Number \_\_\_\_\_ (for registered only)

3. Program/Course \_\_\_\_\_ Year of study/Level: Certificate (  )

Diploma: 1<sup>st</sup> (  ) Bachelor: 1<sup>st</sup> (  )

4. Course Session: Morning/A session (  ) Evening/B session (  )

5. Course Status: Continuing/Postponed/Discontinued/Carry Forward Module

6. Do you have any Disability? – Yes/No:

Type of Disability \_\_\_\_\_

7. Are you currently staying in the Hostel- Yes/No

8. Sponsorship: Private (  ) Government (  ) Agent Name \_\_\_\_\_

9. Emergency Contacts (during sickness, accident, etc):

In an emergency, I hereby grant the ISW to contact the following persons on my behalf: -

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_