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THE UNITED REPUBLIC OF TANZANIA
NATIONAL HEALTH INSURANCE FUND

(STUDENT REGISTRATION FORM)

Reg. No.

SECTION A: Student's Particulars (Student to fill in the Names)

Student Details

First Name:

Middle Name:

Last Name:

Date of Birth: Day Month Year

Sex: Male Female

Status: Single Married Other

Personal Address:

Mobile: Tel:

Name of College / University

Name of College:

Course:

Course Duration: (Months)

Start Date: Day Month Year

End Date: Day Month Year

Form Status:

New Renewal Correction

I Certify that the above information is correct and I accept that I will be accountable for any false information given.

Signature:

Date: Day Month Year

SECTION B: Dean Of Students Certification

College:

College Certification (This is to Certify that Particulars supplied by the student are true and conform with our records)

AUTHORISED OFFICER AND DESIGNATION

Name:

Designation:

Date: Day Month Year

Address:

Signature:

Tel:

Official Stamp

SECTION C: To be filled by NHIF Area Office

Area Office:

Name:

Designation:

Signature:

Date: Day Month Year

ID Expiry Date: Day Month Year

SECTION D: To be filled by NHIF GQ

Verified by:

Designation:

Signature:

Date: Day Month Year