



UNITED REPUBLIC OF TANZANIA
MINISTRY OF NATURAL RESOURCES AND TOURISM
NATIONAL COLLEGE OF TOURISM

Junction of Samora Avenue and Shaaban Robert Street

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SHORT COURSE REGISTRATION FORM

1. PERSONAL DETAILS

- Name.....
- Registration Number
- Permanent Address:
- Telephone: E-mail:

2. Next of kin (Close Relative)

- Close Relative's Full Name:
- Close Relative Address:
- Telephone: E-mail:

3. REGISTERED COURSE:

Campus: (Arusha, Bustani and Temeke):

Course name:

Please note that upon registration, students are required to complete fees FEE PAYMENT for this course by obtaining the control number from **Accounts office (Will be sent to you through emails and phone numbers)**

DECLARATION

I declare that I have read and accepted the information in this form. I agree to abide to all Rules and Regulations put forth by the Management of the National College of Tourism. And hereby declare that the information given herein is true, accurate and complete.

Name..... Signature.....Date.....

OFFICIAL USE ONLY

REGISTRATION STATUS

Registered.....

Not Registered

Reasons:

Officers name..... Signature.....Date.....