

ARDHI INSTITUTE MOROGORO

Tel: 023 2603061
Fax: 023 2600076
Email:info@arimo.ac.tz
Website:http://www.arimo.ac.tz



P.O. Box 155
Morogoro.

Form: S.1

Date:.....

To: Principal,
Ardhi Institute Morogoro,
P.O. Box 155,
Morogoro.

RE: ADMISSION ACKNOWLEDGEMENT

1. I acknowledge receipt of **JOINING INSTRUCTIONS** and confirm my acceptance of study at the Ardhi Institute Morogoro in the Programme of (Basic Technician in Geomatics/Ordinary Diploma in Geomatics).....
2. I confirm that my admission to the Institute is on the understanding that I will complete the course I have been admitted to, unless required otherwise by the Institute.
3. I confirm further that during my course of study my fees will be paid through:-
 - a. *Scholarship | |
 - b. *By Employer | |
 - c. *Private Means | |
4. I understand that I shall be required to promise solemnly to seek the truth, to study diligently, to live circumspectly, to obey the Principal of the Institute and those to whom my obedience is required, and to comply with the Regulations of the Institute and in all things to promote the good of the academic community.

Name:.....
Gender:.....
Disiability if any.....
Postal Address:.....
Mobile No:.....

Yours sincerely,
Signature:.....

*Tick whichever is applicable