ZANZIBAR NURSES AND MIDWIVES COUNCIL

APPLICATION FOR LICENSURE EXAMINATION

1.Personal Information		
First Name	Middle Name	Surname

Date of Birth...../...../..... Sex.....

Nationality..... Physical Address……..

Mobile Number..... Email Address.....

Zanzibar ID…….. NIDA……

Passport No……

2. Academic Information:

Ordinary Level CSEE index Number and year.....

Advance Level ACSEE index number and year……

Diploma Level and index number or Equivalent (if any) and year.....

Degree Level and index number or Equivalent (if any) and year……..

Name of Health Training Institute Trained.....

Address of Health Training Institution.....

Training Dates from (Month and Year) .....to (Month and Year).....

3. Licensure Examination information

Centre Applied for Licensure examination.....

Date of Previous Licensure examination (if any)……

Examination Centre.....

Number of licensure examination Re Sit (if any).....

Date of last Re-sit of licensure examination.....