



ZANZIBAR NURSES AND MIDWIVES COUNCIL

APPLICATION FOR LICENSURE EXAMINATION

	1.Personal Informa	tion
First Name	Middle Name	Surname
Date of Birth/	/ Sex	
Nationality	Phys	ical Address
Mobile Number	Email Addre	SS
Zanzibar ID/NIDA/PA	ASSPORT No	
2. Academic Informat	ion:	
Ordinary Level CSEE index	Number and year	
Advance Level ACSEE	index number and ye	ar
Name of Health Training	Institute Trained	
Physical Address of Nursing	and Midwifery Training Insti	tution
Dates of Training from (Me	onth and Year)	to (Month and Year)
3. Licensure Examinat	ion information	
Centre Applied for Licensu	re examination	
Examination Centre		
Number of licensure exami	nation Re Sit (if any)	
Date of last Re-sit of licens	ure examination	
4. Attachments		
a) Copy of Profes	sional Awarded**	
b) Copy of acader	mic Transcript**	
c) Copy of verification	ation from NACTVET OR	TCU (non-Tanzania Institution
and University) **	

d) Copy of Awarded Verification Number (AVN)**

e) Form IV certificate**