

**CATHOLIC DIOCESE OF LINDI**  
**Sr. Dr. Thekla Nyangao School of Nursing, P.O Box 122 Nyangao - Mtama**  
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**APPLICATION FORM FOR DIPLOMA COURSE IN NURSING PRE SERVICE**

**Names**

Sur Name	Middle name	First Name	
Sex	Nationality	Date of Birth	Place of Birth

**Father's Names**

Sur Name	Middle Name	First Name	Phone/Mobil no

**Mother Names**

Sur Name	Middle Name	First Name	Phone/Mobile no

**Secondary School Education**

Name of Secondary School	Form IV Index Number	Form IV: Year of completion
Name of Primary School	Year Completed:	

**Contact address (Post address)**

Telephone No:	Mobile No:
Email Address:	

**Next of Kin Name and Contacts**

Sur Name	Middle Name	First Names	
Email:		Phone/Mobile no:	