THE MWALIMU NYERERE MEMORIAL ACADEMY

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Fax no.: +255 22 2820816 E-mail: mnma@mnma.ac.tz Website: www.mnma.ac.tz



P. O. Box 9193 Dar es Salaam Tanzania

APPLICATION FORM FOR ADMISSION INTO CERTIFICATE/DIPLOMA PROGRAMME

ACADEMIC YEAR OF APPLICATION 2014/2015

Affix your most recent passport-size photos here

F	OR OI	FFICIAL	USE	ONLY
	Number o	f the Form: F1	/C/D/	
Application Fee Re	eceipt No:		Amount (Ts	hs)
Date:				
	E PROGRAMM PROGRAMME			
INS	TRUCTIONS	TO	THE	APPLICANTS

- 1. Applicants are required to submit **TWO COPIES** of this application form
- 2. **SECTION A** is for the applicant who is required to **fill in the space(s) provided or tick the appropriate box(es).**
- 3. Each copy of this application form should be accompanied with TWO certified photocopies of Secondary School Certificates, Transcripts and other relevant Testimonials. Any application not accompanied by the required documents will not be acknowledged nor processed.
- 4. Make sure that **each copy** of the submitted application forms is attached with **two most recent coloured passport-size photos** (with a blue background and name written at the back).

Form No	o. F1/C/D/	Name of Applicant						
All application forms must be accompanied by evidence (the MNMA receipt or a Bank Pay-In Slip) showing that an application fee of Tshs. 20,000/= for Tanzanian citizen and US \$ 13 for non-Tanzanian citizens has been paid to the Mwalimu Nyerere Memorial Academy's Account No: 1016490012, Twiga Bancorp Ltd located at Kigamboni Agency Branch, Dar es Salaam.								
For employed applicants, the employer or prospective sponsor is required to fill Section B of this application form.								
The dea	adline for submission of all appli	cation forms is Friday, 14 th August, 2014.						
Warning: Submission of forged certificates or any false information is criminal offence and will be handled according to the law.								
mention	ned in items No. 3, 4 & 5 above s The Principal The Mwalimu Nyerere M P.O. Box 9193, DAR ES SALAAM.	hould be returned to: [emorial Academy,						
PERSO	ONAL PARTICULARS OF TH							
1.2 1.3 1.4 1.5 1.6 1.7 1.8	Other two names: Sex: Female Contact Postal Address: Telephone: Fax Office: Ro Marital Status: Married Place of Birth: Date of Birth: Nationality: appropriate status).	E-mail Single						
	All app Pay-In and US Memor Kigam! For emp B of this The dea Warning and will. The two mentions TION A: PERSO (Use 1) 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8	Pay-In Slip) showing that an application and US \$ 13 for non-Tanzanian citized Memorial Academy's Account Not 18 Kigamboni Agency Branch, Dar es Sat For employed applicants, the employer of B of this application form. The deadline for submission of all application form. The deadline for submission of all application of the filled application form. The two copies of the filled application formentioned in items No. 3, 4 & 5 above so The Principal The Mwalimu Nyerere M. P.O. Box 9193, DAR ES SALAAM. TON A: TO BE COMPLETED BY THE (Use Block Letters or Typescript) 1.1 Surname:						

Form No: F1 /C/D/	Name of Applicant
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Name of Programme	Duration	Tick
Foundation certificate	3 months	
Basic Technician Certificate in Economic	1Year	
Development		
Basic Technician Certificate in Human Resource	1Year	
Management		
Basic Technician Certificate in Youth Work	1 Year	
Ordinary Diploma in Economic Development	2 Years	
Ordinary Diploma in Gender Issues and Development	2 Years	
Ordinary Diploma in Social Studies	2 Years	
Ordinary Diploma in Human Resource Management	2 Years	
Ordinary Diploma of Education in Geography and	2 Years	
History		
Ordinary Diploma of Education Kiswahili and English	2 Years	
Languages		

2.0 SUMMARY FORM OF PERSONAL PARTICULARS, ACADEMIC QUALIFICATIONS AND WORK EXPERIENCE

2.1

Name (Surname)		Sex (Female/Male)
Other two Names		Age in Years
Date of Birth		Nationality
Disabilities/Special Nec	Nature of	
	Disability/Special Need	
		(if any).

2.2

State whether you are In-Service or Pre-	
Service	
Name and address of Present Employer	
Present Employment Position/Title	

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Index Numb		er of Ce	rtif	icate	2										
Year Compl	leted														

Form No: F1 /C/D/

	Form No: F1 /C/D/		me of Applicant							
	2.10 Declaration: I hereby certify that the information given in this form is correct.									
		SIGNATURE OF APPLICANT	DATE							
	2.11									
		Remarks (For Office Use Only)	Admitted: Yes No							
3.0	FINA	ANCIAL STATUS:								
	Cours a)	se fee will be paid by (tick which is appl My employer (Name):	· · · · · · · · · · · · · · · · · · ·							
	b)	Any other sponsoring organization (N								
	c)	Myself (Name):								
		NOTE: If you have ticked (a) or (b) complete item No. 4 below.	please ask your prospective sponsor to							
SEC'	ΓΙΟΝ B	B: TO BE FILLED BY SPONSOR:								
4.0	EMP	LOYER'S/SPONSOR'S CERTIFICA	TE:							
	•	e completed by a responsible Officer auditation/Institution/Corporation/Compar	•							
	a)	We Confirm that we will sponsor the cand MNMA Fees as set forth in the MNM	idate if accepted and we will pay to							
	b)	We understand that the amount of fee without prior notice.	may be changed by MNMA at any time							

Signed:	••
Name:	· • • •
Rank:	
Official Stamp:	•
On behalf of:	
Any other comments:	
Date:	