



# MSIMBAZI CENTRE TRAINING INSTITUTE

P.O.BOX 2428- DAR ES SALAAM TANZANIA

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0755 287 837

E-mail: mctinstitute1962@gmail.com

Registered by NACTE NO: REG/SAT/042

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## APPLICATION FORM

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

Please complete in **BLOCK CAPITALS**

### 1. Course Details

Course Title:

Proposed start date:  Full-time  Part-time

Proposed Year/Level of Entry: Year 1  Year 2  Year 3

### 2. Personal Details: *(Please write names as they appear in your academic certificates)*

Title: Mr. /Ms/Miss/Mrs. etc.  Gender: Male  Female  Other  Date of birth: 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name:

Middle name:

Surname/family name:

Permanent address:

Marital Status  Country:  Phone No:

O-Level/A-Level Index no:  Email:

### 3. Emergency Contact Details (e.g. next kin)

Name:

Address:

Phone number:  Email address:

Relationship:

### 3. Course Mode

Mode (Please tick): Full time:  Part-Time:

Course: CERTIFICATE IN INFORMATION AND COMMUNICATION TECHNOLOGY

4. Sponsor:

Government:  Private:  Other:

Sponsor details:

Full Name:

Address:

Phone Number:  Email:

5. Academic and professional qualifications

LEVEL	DURATION From – To	SCHOOL/COLLEGE/ UNIVERSITY	AWARD RECEIVED
UNIVERSITY			
COLLEGE			
A – LEVEL			
O – LEVEL			
PRIMARY			

6. Fee structure for certificate programmes:

6.1 Information And Communication Technology (ICT): 1 year

YEAR 1 (1<sup>ST</sup> YEAR)

**FEES STRUCTURE FOR CERTIFICATE**

S/NO	FEES COMPONENT	SEMESTER I	SEMESTER II	GRAND TOTAL
1.	Tuition Fee	427,500.00	427,500.00	
2.	NACTE Quality Assurance	15,000.00		
3.	NACTE Registration	20,000.00		
4.	Identity Card	10,000.00		
5.	MCTISO Contribution	20,000.00		
6.	Stationery Cost	30,000.00	30,000.00	
	<b>TOTAL</b>	<b>522,500.00</b>	<b>457,500.00</b>	<b>980,000.00</b>

**NOTE:** All payment should be done through **MKOMBOZI COMMERCIAL BANK** account number **00221700850001** account name **MSIMBAZI CENTRE.**

## 7. Employment and Work Experience

Please give details of work experience, training and employment in reverse chronological order.

Nature of work/Training	Name of organization	Full-time or part-time	From month/Year	To Month/Year

## 8. Disabilities

Do you have any special needs? (Please tick). The information you provide will be treated confidentially and will not affect judgments concerning your academic suitability for a course.

- A No disability.
- B You have social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
- C You are blind or have a serious visual impairment uncorrected by glasses.
- D You are deaf or have a serious hearing impairment.
- E You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- F You have a mental health condition, such as depression, schizophrenia or anxiety disorder.
- G You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
- H You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
- I You have a disability, impairment or medical condition that is not listed above.
- J You have two or more impairments and/or disabling medical conditions.

## 9. PAYMENT DETAILS:

**Bank Name: Mkombozi Commercial Bank**  
**Name of Account: Msimbazi Centre**  
**Account Number: 00221700850001**

### IMPORTANT NOTE:

- Affix your two (2) passport sizes taken recently.
- Attach an academic certificates, result slip and birth certificate.
- The application Form should be sent to your first priority to the address above with a non-refundable fee of Tsh. 10,000 /=-.
- Tuition fees once paid cannot be refunded or transferred under any circumstances.

## 9. Declaration

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Msimbazi Centre Training Institute reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the Institute and I shall have no claim against Msimbazi Centre Training Institute in relation thereto.

Applicant's name:

Applicant's signature:

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes):

Date:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Advertisement                                     | <input type="checkbox"/> Careers service                            | <input type="checkbox"/> Alumni          | <input type="checkbox"/> Colleague/friend         |
| <input type="checkbox"/> Education fair                                    | <input type="checkbox"/> Employer                                   | <input type="checkbox"/> Current student | <input type="checkbox"/> Internet (general)       |
| <input type="checkbox"/> Previous student                                  | <input type="checkbox"/> Professional association                   | <input type="checkbox"/> Direct mail     | <input type="checkbox"/> Personal enquiry to MCTI |
| <input type="checkbox"/> Msimbazi Centre Training Institute Enquiries Team | <input type="checkbox"/> Msimbazi Centre Training Institute website |  |   |

Other (please specify):

**FOR OFFICE USE ONLY**

The name of the recipient of the form (principal) or on behalf of:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this form. Now please return it to:

Msimbazi Centre Training Institute,

P.O.BOX 2428, Dar es Salaam,

Mobile: +255716203897/+255783212101/0755 287 837

E-mail: mctinstitute1962@gmail.com