

THE MWALIMU NYERERE MEMORIAL ACADEMY

Tel: +255 22 2820041, 2820043, 2820045
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 BACHELOR'S DEGREE PROGRAMME

ACADEMIC YEAR OF APPLICATION 2012/2013.

Affix your
most recent
passport-size
photos here

FOR OFFICIAL USE ONLY

Number of the Form: F2/BD/.....

Application Fee Receipt No: Amount (Tshs)

Date:

INSTRUCTIONS TO THE APPLICANTS

1. Applicants are required to submit **THREE 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 the following attachments:

- Ordinary Certificate of Secondary Education Examinations (**CSEE**);
- Advanced Certificate of Secondary Education Examinations (**ACSEE**);

AND/OR

- Diploma Certificate and Academic Transcripts;

Form No: F2/BD/..... Name of Applicant:

- Any Other Relevant Testimonial(s)

Note:

Any application form 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 (02) passport-size photos** (with a blue background and name written at the back).
5. All application forms must be accompanied by evidence (the MNMA receipt or a Bank Pay-In slip) showing that **an application fee of Tshs. 30,000/=** for Tanzanian citizens and **US \$ 40** for non-Tanzanian citizens has been paid to **The Mwalimu Nyerere Memorial Academy’s Account No: 1016490012, Twiga Bankorp Ltd located at Kigamboni Agency Branch – Dar-es-Salaam.**
6. For employed applicants, the employer or prospective sponsor is required to fill **SECTION B** of this application form.
7. The **deadline** for submission of all application forms is **15th June, 2012.**
8. **Warning:** Submission of forged certificates or any false information criminal offence and will be handled according to the law.
9. The **three (03) copies** of the **filled application forms** and the **indicated attachments** mentioned in items No. 3, 4 & 5 above should be returned to:

The Principal,
 The Mwalimu Nyerere Memorial Academy,
 P.O. Box 9193,
 DAR ES SALAAM.

SECTION A: TO BE COMPLETED BY THE APPLICANT:

1.0 PERSONAL PARTICULARS OF THE APPLICANT:

(Use Block Letters or Typescript)

- 1.1 Surname:
- 1.2 Other **two** names:
- 1.3 Sex: Female Male
- 1.4 Contact Postal Address:.....
 Telephone: Fax E-mail

Form No: F2/BD/..... Name of Applicant:

Office: Residence:

- 1.5 Marital Status: Married Single
 1.6 Place of Birth:
 1.7 Date of Birth:
 1.8 Nationality:(by **Birth** or **Naturalized** – tick appropriate status).
 1.9 Programme Applied for:

Name of Course	Duration	Tick
Bachelor’s Degree in Economics of Development (BD.EoD)	3 Years	
Bachelor’s Degree in Politics and Management of Social Development (BD.PMSD)	3 Years	
Bachelor’s Degree in Gender and Development (BD.GD)	3 Years	

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

2.1

Name (Surname)		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Other two names		Age in Years
Date of Birth		Nationality:
Disabilities/Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Disability/Special Needs (if any):		

2.2

Work Experience: <input type="checkbox"/> Pre-service <input type="checkbox"/> In-Service	Years:
Name Employer	
Present Employment Position/Title	
Address of Employer	
Profession	

Form No: F2/BD/..... Name of Applicant:

2.3 Academic Information:

Ordinary Level of Secondary School Qualifications				
Name of School	Index No.	Year of completion	Division	Point
Highest Academic Qualification Attained	Institution/School		Year of Graduation/Completion	
Specialization/Subjects Combination		Grade/Division/GPA Obtained		
Other Academic/Professional Qualifications				

2.4 Declaration:

I hereby certify that the information given in this form is correct.

.....
Signature of Applicant

.....
Date

3.0 FINANCIAL STATUS:

Course fee will be paid by (tick which is applicable)

- a) My employer (Name):
- b) Any other sponsoring organization (Name):
- c) Myself (Name):

Form No: F2/BD/..... Name of Applicant:

NOTE: If you have ticked (a) or (b) above please ask your prospective sponsor to complete item No. 4 below.

SECTION B: TO BE FILLED BY SPONSOR:

4.0 EMPLOYER'S PERMISSION'S/SPONSOR'S CERTIFICATE:

(To be completed by a responsible Officer authorized by the Organization/Institution/Corporation/Company/Ministry).

a) We

Confirm that we will permit/sponsor the candidate if accepted and we will pay to MNMA Fees as set forth in the MNMA prospectus.

b) We understand that the amount of fee may be changed by MNMA at any time without prior notice.

Signed:

Name:

Rank:

On behalf of:

Any other comments:

Date: