

DAYOSISI YA KASKAZINI MASHARIKI
KANISA LA KIINJILI LA KILUTHERI TANZANIA
CLINICAL OFFICERS' TRAINING CENTRE BUMBULI

Telephone: 027-2640353

Fax: 027-2640353

Email: bumbuli.cotc@yahoo.com



P.O.Box 9,
Bumbuli, Tanzania.

DIPLOMA (UPGRADING) APPLICATION FORM
PROGRAMME- ACADEMIC YEAR 2020/2021 SEPTEMBER INTAKE

Applicants should pay a non-refundable fee of thirty thousand shillings (TZS. 30,000) to ELCT-NED CLINICAL OFFICERS' TRAINING CENTRE NMB Bank Account No. 41601300005 attach the Bank Pay-in slip to the filled in application form as evidence of payment of application fee.

Application forms duly filled in should be returned to one of the addresses above not later than 20/09/2020

	PROGRAMME	MINIMUM ENTRY QUALIFICATIONS
1.	Diploma in Clinical Medicine (Upgrading)	Holder of Technician Certificate (NTA level 5) in Clinical Medicine with "D" pass in Biology, Chemistry or Physics (CSEE) for the graduates starting from 2010; OR Graduates before NTAs system should have certificate in Clinical Medicine and at least D Pass in any of science subject; Necessary Attachments: Technician Certificate and Transcript in Clinical Medicine.

1.0 PERSONAL DETAILS:

1.10 First name:

1.11 Middle name:

1.12 Surname Name:

(NOTE: THE NAMES ENTERED IN THIS FORM MUST BE EXACTLY THE SAME AS THOSE APPEARING ON YOUR SECONDARY SCHOOL O-LEVEL CERTIFICATE)

1.2 Sex: Male/Female.....1.3 Date of Birth.....

1.4 Place of Birth:1.5 Religion

1.6 Marital Status... 1.7 Citizenship

1.8 District:1.9 Region:

1.10 Postal Address:

1.11 Applicants Mobile No(s): E-mail Address.....

1.13 CLOSE RELATIVE (NEXT OF KIN) DETAILS:

1.14 Full Name.....1.15 Phone No.....

1.16 Postal Address.....1.17 Region.....1.18 District.....

DO YOU HAVE ANY KIND OF DISABILITY? YES/NO. IF YES, PLEASE SPECIFY:

.....
(NOTE: THIS INFORMATION IS REQUIRED FOR THE INSTITUTION TO ARRANGE APPROPRIATE MEANS OF ASSISTING YOU ONCE ADMITTED. IT WILL IN NO WAY AFFECT THE DECISION TO ADMIT YOU).

2.0 EDUCATION BACKGROUND:

2.1 Certificate of Secondary Education Examinations (CSEE)/National Form IV/or Equivalent
(Attach copy of certificate)

School	Index No.	Year of Completion	Subject	Grade
			PHYSICS	
			CHEMISTRY	
			BIOLOGY	
			ENGLISH	
			B/MATHEMATICS	

No of form 4 Seating	Index No.	Year of Completion
1		
2		
3		

Examination Authority:Division:

Examination Centre or School: Country:

3.0 NTA LEVEL 5

Institution Attended	Year of Completion	NTA LEVEL 5 EXAMINATION NUMBER	NACTE REGISTRATION NUMBER

4.0 DECLARATION:

I declare that all information given on this form is true and correct to the best of my knowledge.

Signature of Applicant:

Date...

Note 1: The information given in this form will be used for admission purpose only. Non-disclosure of details or provision of false information to any of the section in this form, if discovered, shall render your registration cancelled.

Note 2: IMPORTANT ATTACHMENTS:

- i Copy form four academic certificates
- ii NECTA equivalent translations (for those with foreign Secondary certificates)
- iii Copy of Birth Certificate
- iv Original Bank Pay-in-slip of Application fee
- v One coloured recent photo
- vi Technician Certificate (for NTA L 5)
- vii Academic Transcript in Clinical Medicine (for NTA L 5)