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# THE INSTITUTE OF CONTINUING & PROFESSIONAL STUDIES ZANZIBAR

## APPLICATION FOR ADMISSION IN CERTIFICATE AND DIPLOMA COURSES FOR ACADEMIC YEAR 2022 / 2023

(Please fill in BLOCK LETTERS, Tick where appropriate)

**PROGRAMME** ☐ **Certificate** ☐ **Diploma**

**COURSE APPLIED**

- ☐ Certificate in Accountancy
- ☐ Certificate in Business Management Administration
- ☐ Certificate in Project planning and Management
- ☐ Certificate in Human Resource Management
- ☐ Certificate in Information Technology
- ☐ Certificate in Procurement & Supply
- ☐ Certificate in Records, Achieves & Information Mgt
- ☐ Diploma in Accountancy
- ☐ Diploma in Business Management Administration
- ☐ Diploma in Project planning and Management
- ☐ Diploma in Human Resource Management
- ☐ Diploma in Information Technology
- ☐ Diploma in Procurement & Supply
- ☐ Diploma in Records, Achieves & Information Mgt

**APPLICANT'S PERSONAL INFORMATION**

FULL NAME.....

DATE OF BIRTH: ..... PLACE OF BIRTH .....

NATIONALITY: ..... PLACE OF RESIDENCE .....

REGION..... DISTRICT.....

ADDRESS..... PHONE NUMBER.....

E-MAIL ADDRESS..... MARITAL STATUS .....

GENDER.....

**HOBIES / SPORTS ACTIVITIES**

.....

**EDUCATIONAL BACKGROUND**

| LEVEL | NAME OF SCHOOL | INDEX NUMBER | YEAR |
|---|---|---|---|
| FORM 4 | | | |
| | | | |
| FORM 6 | | | |

| LEVEL | NAME OF INSTITUTE | REG. NUMBER | YEAR |
|---|---|---|---|
| VETA - NVA -3 | | | |
| NTA LEVEL 4 | | | |
| NTA LEVEL 5 | | | |

**EMPLOYMENT RECORDS**

CURRENT EMPLOYER ……

EMPLOYER FULL ADDRESS ……

EMPLOYER'S TELEPHONENUMBER ……

NATURE OF BUSINESS/SECTION IN ……

WHERE APPLICANT IS EMPLOYED: ……

APPLICANT'S DESIGNATION ……

**PHYSICAL DISABILITY / CHRONIC DISEASE**

DO YOU HAVE ANY PHYSICAL DISABILITY/CHRONIC DISEASE? YES ☐ NO ☐

IF YES GIVE EXPLANATION. (USE ANOTHER SHEET IF NECESSARY)

……

**NAME AND ADDRESS OF KIN PERSON**

FULL NAME……

ADDRESS……

PHONE NUMBER……

REGION …… DISTRICT……

NATIONALITY…… RELATIONSHIP……

**SPONSOR'S NOMINATION**

SPONSOR'S FULL NAME……

FULL ADRESS:……

TELEPHONE NUMBER: …… E-MAIL ADDRESS: ……

I…… (Sponsor's name) hereby nominate and agree to sponsor

…… (Applicant's name).

Date…… Stamp and Signature: ……

**DECLARATION OF THE APPLICANT**

I…… to the best of my knowledge here by declare that all the information provided above is true, complete and correct. I agree to obey and abide by the Institute Rules and Regulations if I selected for the course.

Applicant's Signature …… Date ……

**SUBMISSION**

All applications must be submitted by hand/post to the following address:
ADMISSION OFFICE, THE INSTITUTE OF CONTINUING AND PROFESSIONAL STUDIES P.O. BOX 150, ZANZIBAR,
Tel: +255776767494, E-mail: info@icps.ac.tz, Website: www.icps.ac.tz

**FOR OFFICIAL USE ONLY**

Applicant Accepted ☐ Rejected ☐

Admission Officer's Signature:…… Date……