

APPLICATION FORM

**This form has four parts. Please make sure all parts are completed.
Incomplete applications will not be processed.**

Note: ONLY MAT ordinary members with not less than 3 years in the Association are eligible to apply.

Attach passport size
photograph

PART I:

- **Personal information (To be completed by candidate)**

Applicants Name: _____

Present Address: _____

City: _____

Permanent Address (If different from above) _____

Telephone: _____ Office: _____ Personal: _____

Fax: _____

Email Address: _____

- **Position to be contested: (select one)**

President President Elect Hon. Secretary General

Treasurer Ass. Treasurer Ass. Hon. Secretary General

Executive Committee Member

- **Licensure, Academic and Employment History,**

A. Are you registered with the medical Council of Tanganyika?

Yes No

If yes, specify type of Registration

Temporary Permanent

Registration Number

How long have you been as a member of MAT?years.

MAT Membership card no.

B: Academic History

Degree/Diploma	University/Institution	Dates attended mm/yy

C: Current Appointment

Dates	Nature of appointment	University/Hospital/Institution/Organised

PART II:

Please write names of two Referees including their titles address and contact information
(Telephone and email)

1. _____

2. _____

PART III: – Attachments

- Copy of your current CV
- Copy of your Medical Degree from medical school
- Copy of your Medical Council certificate Registration
- A typed summary of your anticipated contribution that you will bring to the organization and signed by the applicant.

PART IV: Declaration

Must be completed by All Applicants.

1. Have you ever been convicted of a criminal offence for which a pardon has been granted ? Yes No
2. Have you ever been subject to a disciplinary hearing of medical licensing authority ? Yes No
3. Have you ever been denied Registration by a medical licensing authority or had such registration revoked? ? Yes No
4. Have you ever been disciplined, suspended or dismissed from an undergraduate or postgraduate educational program?

*** If yes to any of the above questions, please provide details on a separate sheet.***

I hereby certify that the information on this form and attachments is true and complete. I understand that I shall be disqualified if information is withheld or false information has been provided and that any appointment already made or began will be cancelled immediately.

Applicants signature _____

Date: _____

PART IV: Checklist

Note: Application will not processed without **all** the regular items on this checklist.
Indicate you have completed each section by checking the appropriate Yes where indicated (i.e. put a tick in the box below)

- Have you (1) Completed Part I ----- Yes
- (2) Completed Part II ----- Yes
- (3) Completed Part III ----- Yes
- (4) Completed Part IV ----- Yes
- (5) Passport size photograph attached ---Yes

This form must be completed and sent with parts I, II, III and IV to.

The Medical Association of Tanzania (MAT)
National Council
P.O Box 701
Dar es Salaam.
Tel/Fax: +255 2151835

Or email this application to info@mat-tz.org

Closing date: 20/06/2009 at 12:00 midnight.

Note: Short listed applicants will be contacted for their eligibility for the elections in the following AGM. You are also advised to prepare a short (5 min) presentation on the Election Day.