

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

INSTITUTE OF TRADITIONAL MEDICINE

FOR OFFICIAL USE ONLY



PASSPORT SIZE PHOTO HERE

APPLICATION FORM FOR THE SHORT COURSE TRAINING ON TRADITIONAL MEDICINE DEVELOPMENT IN SEPTEMBER 2018

Please read carefully the instructions before filling this form. Deadline for application and payment is **31/08/2018**. The course will take place from **17th to 21st September, 2018**.

- 1.1 **Full Name:**
- 1.2 **Sex:** Male [] Female []
- 1.3 **Date of birth:**
- 1.4 **Place of birth:**
DISTRICT..... REGION.....COUNTRY.....
- 1.5 **Place of residence:** WARD:DISTRICT:
REGION: COUNTRY.....
- 1.6 **Tribe:**
- 1.7 **Religion:**
- 1.8 **Marital status:** Tick appropriate option. Married [] Note married []
- 1.9 **Postal Address:**
- 1.10 **Phone Number (s):**

2.0 LEVEL OF EDUCATION (Tick appropriate option)

S/N	Level	
1.	Primary Education	
2.	Secondary Education	
3.	Certificate	
4.	Diploma	
5.	Degree	

3.0 OCCUPATION: Tick Appropriate option

- a. Traditional Health Practitioner/Healer only
- b. Traditional Health Practitioner/Healer and other work
- c. Other work

4.0 PAYMENT OF COURSE FEE:

- a. Paid []. If paid attach a copy of bank slip
- b. Not paid []
- c. Who paid for your course fees: a. Yourself [] b. Relative [] c. Sponsor []

5.0 DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT.

APPLICANT SIGNATURE:DATE:

HOW TO PAY

The cost for this course is **Tshs 350,000 for Tanzanian citizens** and **USD 300 for non-Tanzanian citizens**. The cost covers tuition fees, breakfast and lunch. Transport, dinner and accommodation costs will be covered by the applicant. The fee should be deposited at MUHAS Small Projects Account, **NBC Muhimbili Branch, Account Number 041103002171** not later than **31st August, 2018**. Foreign currency can be deposited using Swift Code system. MUHAS Small Projects Account, NBC Muhimbili Branch, Bank Account Number 041105000669, SWIFT CODE NO. MUHIMBILI BRANCH NLCBTZTXXXXX

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THIS APPLICATION FORM HAS BEEN RECEIVED AT THE INSTITUTE OF TRADITIONAL MEDICINE.

NAME OF RECEIVING OFFICER:SIGNATURE:DATE:

DECISION BY THE INSTITUTE: