

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 LEVEL II IN 5th -9th OCTOBER 2020.**

Please read carefully the instructions before filling this form. The course will take place from **5th -9th OCTOBER 2020**.

- 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	Specialty
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 (specify).....

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 [] d. Government []

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 400,000 for Tanzanian citizens** and **USD 400 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 2091100002** not later than **4th SEPTEMBER 2020**. Foreign currency can be deposited using Swift Code system. MUHAS Small Projects Account, NBC Muhimbili Branch, **Bank Account Number 012105003582**, 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: