THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE

REGIONAL DERMATOLOGY TRAINING CENTRE (RDTC) P. O. BOX 8332 MOSHI, TANZANIA

Tel: +255 - 27 - 2753699/700

E-mail: admin@rdtc.or.tz and rdtc.secretariat@gmail.com

Fax: +255-27-2753702

APPLICATION FOR ADMISSION TO THE ADVANCED DIPLOMA COURSE IN DERMATO-VENEREOLOGY (ADDV) OF THE MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

PERSONAL DETAILS				
Surname or Family Name:				
Other Names:				
Title: Dr./Mr./Mrs./Miss	Date o	f birth		
Marital status: Married/Single.	Nation	ality		
Address for correspondence	Perma	nent address (if diffe	erent)	
	•••••			
	•••••			
	•••••			
Telephone:	Telepl	none:		
E-mail:	E-mai	l :		
Fax:	. Fax:	Fax:		
Name and address of persons to be n				
Official language	Good	Average	Elementary	
Other languages				

2. **ACADEMIC QUALIFICATIONS** (Obtained or anticipated)

N.B. Please attach authorized photocopies of each of your certificates if possible.

Name of the School/Colleges/Other	Date attended	Highest class/Award
Institution		obtained
1		
2		
3		
4		

3. PROFESSIONAL AND OTHER QUALIFICATIONS

N.B. Please attach authorized photocopies of each of your certificates if possible.

Name of awarding institution/body	Duration of training	Subjects in which award was obtained	Qualification obtained (give dates whether obtained by examination/exemption)
1			
2			
3			
4			

4.	EMPLOYMENT AND EXPERIENCE			
	Give details of your present employment (if any) and of any previous employment, including name and address of employers, position held, type of work undertaken and dates			
5.	SOURCE OF FINANCE			
	Scholarships cannot be automatically provided by the Training Centre. Each Ministry or Employer are therefore kindly requested to locate sponsors for their nominated candidates.			
6.	DECLARATION			
I(Name in full)				
	(Organization)			
	declare that the statement made by me in this application form are true, complete and correct to the best of my belief. Should I be granted an offer, I would undertake to:-			
	(a) Pursue the curse of study for which the grant has been awarded.			
	(b) Abide by the rules of the institution into which I am accepted as a student.			
	(c) Submit progress reports on my work when requested to do so.			
	(d) I fully understand that my offer may be withdrawn if I fall to make satisfactory progress in my course of study or training.			
7	Endorsement:			
1.	Signature of Principal/Permanent Secretary, Ministry of Health			

8. The completed application form should be sent to the below mentioned address:-

The Principal,
Regional Dermatology Training Centre (RDTC)
at KCMC,
P. O. Box 8332
MOSHI, Tanzania

With the form you should enclose the following:-

- (a) Three (4) (black and white) passport-size photographs of yourself
- (b) Your Curriculum Vitae (life history)
- (c) Authorised photocopies of your certificates including school leaving certificates (Form IV and/or Form VI) showing the achieved grades per subject, diplomas, advanced diplomas and additional relevant certificates
- **N.B.:** (1) Please bring your <u>original certificates</u> with you if you are granted an offer.
 - (2) Kindly provide us with an e-mail and/or fax contact addresses to facilitate Easy expedited communication.

updated 12/2015(DRM/arm)