

**THE UNITED REPUBLIC OF TANZANIA  
 MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,  
 ELDERLY AND CHILDREN  
 REGIONAL DERMATOLOGY TRAINING CENTRE (RDTC)  
 P. O. BOX 8332  
 MOSHI, TANZANIA**

Tel: +255 – 27 – 2753699/700  
 E-mail: [admin@rdtc.or.tz](mailto:admin@rdtc.or.tz)  
 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)**

**1. PERSONAL DETAILS**

Surname or Family Name: .....

Other Names: .....

Title: Dr./Mr./Mrs./Miss Date of birth .....

Marital status: Married/Single. Nationality .....

Address for correspondence	Permanent address (if different)
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Telephone: ..... Telephone: .....

E-mail: ..... E-mail: .....

Fax: ..... Fax: .....

Name and address of persons to be notified in case of an emergency:  
 .....  
 .....  
 .....

Official language	Good	Average	Elementary
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Institution	Date attended	Highest class/Award 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

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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 ..... of  
(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 course 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 fail to make satisfactory progress in my course of study or training.

7. Endorsement: .....  
Signature of  
Principal/Permanent Secretary, Ministry of Health  
or  
other employer if applicable with official stamp

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) Four (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
- (d) Own application letter
- (e) Birth certificate
- (f) Commitment letter from sponsor

- N.B.:**
- (1) **Please bring your original certificates 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.**