THE KILIMANJARO INSTITUTE OF TECHNOLOGY AND MANAGEMENT

Mwenge Nearby TRA

Tel: 022-2774011 Mob: 0766 348652 : 0717 816034

P.o.Box 32581 Mwenge, DSM

Email: info@kitm.ac.tz Website:www.kitm.ac.tz

STUDENT APPLICATION FORM

ADM. NO:	TWO PHOTOS
Please provide all the necessary information and read the important notice at the end of this form. You are also required to submit certified copies of relevant academic certificates with this application form.	TWOTHOTOS
1. APPLICANT DETAILS	
Surname: First name:	
Middle name:	
**Please write names as they appear in your academic certificates.	
Gender:	
Date of Birth (year) (Month) (Day) Marital Status	
Permanent Address:	
Nationality:	
Contact Tel: E-Mail	
Occupation:	
Name and address of the person to be notified in case of emergency (Next of kin) Name)
Address	
Telephone number Email address:	
Relationship:	

2. COURSE SELECTION

(Please choose only three courses, starting with your first choice)

LONG COURSES Course level (Diploma/NACTE Certificate/VETA Certificate)
1. INFORMATION TECHNOLOGY
2. BUSINESS ADMINISTRATION
3. PROCUREMENT AND SUPPLY
4. ACCOUNTING
5. HOTEL AND TOURISM MANAGEMENT
6. FRONT OFFICE
7. HOTEL MANAGEMENT
SHORT COURSES
1. COMPUTER APPLICATION
2. ICT FOR BEGINNERS
3. CISCO (CCNA/CCNP)
4. MICROSOFT (MCSE/MCITP)
5. ACCOUNTING PACKAGE
6. WEBSITE DESIGN
7. GRAPHICS & DESIGN
8. VIDEO PRODUCTION
9. OTHERS (Please specify)
3. TYPE OF SPONSORSHIP
Government Private Company
Organization

Name, address and telephone number of the sponsor		
Do you have any physical or communication disabilities?	Note: Information about your disability will not	
Yes. No.	jeopardize your chances of being selected	
If yes, please provide details below;		
Have you ever been convicted of a Criminal Offense?		
Yes. No.		
If yes, please provide details below;		

4. EDUCATION BACK GROUND

LEVEL	DURATION From – To	SCHOOL/COLLEGE UNIVERSITY	AWARD RECEIVED
UNIVERSITY	-		
COLLEGE	-		
A – LEVEL	-		
O – LEVEL	-		
PRIMARY	-		

4. WORKING EXPERIENCE

DURATION	ORGANISATION,COMPANY	POST HELD
From - To	INSTITUTION	
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IMPORTANT NOTE

- 1. Affix your photograph taken within the last 6 months.
- 2. Attach a certified true copy of academic certificates, transcripts and birth certificate.
- 3. The application Form should be sent to your first priority to the address above with a non-refundable fee of Tsh 20,000 /=
- 4. If you are an employee pass the application to your employer if possible.
- 5. Tuition fees once paid cannot be refunded or transferred under any circumstances

5. APPLICANT DECLARATION

I declare that all information given are true and correct, And accept all the terms and conditions, ready to follow all the rules and regulations as per institute's policy.

Applicant signature	Date: /	′ /202
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THE MANAGEMENT OF THE KILIMANJARO INSTITUTE OF TECHNOLOGY AND MANAGEMENT, WELCOMES YOU TO ENJOY THE SPIRIT OF TECHNICAL AND VOCATIONAL EDUCATION

PAYMENTS DETAILS:

1. Bank Name: EXIM BANK (T) LIMITED

Name of Account: THE KILIMANJARO INSTITUTE OF TECHNOLOGY

AND MANAGEMENT

Account Number: 0010048717

2. Bank Name: NATIONAL MICROFINANCE BANK (NMB) BANK Name of Account: THE KILIMANJARO INSTITUTE OF TECHNOLOGY

AND MANAGEMENT

Account Number: 22210007139

FOR OFFICIAL USE ONLY

Date of receipt	
Application fees receipt no	
Amount	
Received by (Name and Signature)	