

**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 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)**

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)
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Telephone: **Telephone:**

E-mail: **E-mail:**

Fax: **Fax:**

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

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.

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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) 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 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.**

updated 07/2017(DRM/arm)