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UNIVERSITY OF DAR ES SALAAM COMPUTING CENTRE

Application for Admission into Certificate of Competence (NVA) in ICT.

Academic Year: _____

- (a) Programme applied For:
- i. Vocational Education in ICT Level I
 - ii. Vocational Education in ICT Level II
 - iii. Vocational Education in ICT Level III
- (b) Session for which admission is being sought: Full Time
- (c) Branch for which admission is being sought: Dodoma
- (d) Sponsorship:
- i. Private
 - ii. Government

1. Full Name (Block Letters)

2. Sex..... 3. Date of Birth

4. Place of Birth 5. Citizenship.....

6. Address..... 7. Phone No

8. Other Contacts Means

Mobile No: **E-Mail:**

Region **District Name**.....

9. Primary Education

Name of Primary School Attended: Year:

10. (a) Certificate of Secondary Education Examination *

Examination Authority Index No:

Examination Centre or School: Country:

Year:

10. (b) Certificate of Secondary Education Examination Second sitting

Examination Authority Index No:

Examination Centre or School: Country:

Year:

11 Advanced Certificate of Secondary Education (FormVI/FTC) *

Examination Authority Index No:

Examination Centre or School: Country:

Year:

12. Give details of any other qualifications other than (Form IV/VI) or equivalent, e.g. trade test, degree, diploma or certificate *

Examination Authority Index No:
Examination Centre or School: Country:
Year:

- * Copies of “O” & “A” Level /Diploma/FTC or any other certificate must be attached
- * To qualify for admission you should have at least four (4) Passes in Form Four (IV) results even from different sittings

13. Particulars for Parent/Guardian/Next Kin:

Full Name	Mobile Phone	Email	Relationship

14. Application Fee

Pay Tshs. 10,000/= through control number which will be provided by UCC.

15. How did you hear about UCC (please tick the relevant)

- Through social media Facebook, twitter, Instagram, whatsApp, Jamii forum, Youtube
- Through radio and TV advertisement
- Through News paper advertisement
- Through UCC Website
- Through my parent
- Through my friend/relative

16. Declaration

I declare that all information given in this form is correct.

Signature of Applicant: Date:

(Note: For more information or inquiries please contact us through 0747 031228; 0747 626619; or through dodoma@udsm.ac.tz or training@udsm.ac.tz)