

Archdiocese of Mwanza



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Admission officer:-0764924434/0758378841

APPLICATION FORM

PERSONAL PARTICULAR

Name of the Applicant

.....Sex.....

Date of birth..... District.....

Region Country

CSSE Index Number..... year of completion.....

Any other CSEE (If available).....year.....

Valid Phone Number.....

Email.....postal Address.....

NET OF KIN'S PARTICULARS

Full NameRelationship.....

District.....Region.....

Country.....

Phone Number.....postal Address.....

Email Address.....

Name of person/organization responsible for paying school fees.....

Relationship.....Address.....

Phone Number.....

EDUCATION BACKGROUND

Second attempt **H**ighest level of education: 1. Form IV 2. Form VI

3. Others (eg. Certificate/Inservice)

Name of the qualification.....

Name of the instute/college.....

Year of completing

Name of Primary school.....

Name of Secondary school.....

COURSE APPLIED FOR (TICK WHERE APPLICABLE)

1. Diploma in Nursing (3 years)

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4. Diploma in social works (two years)

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2. Diploma in nursing Upgrading (1 year)

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5. Medical attendant (six months)

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3. Diploma in Social Work (3 years)

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APPLICATION AND NACTE REGISTRATION FEE tsh.....

1. Paid

2. Not paid

NameSignature.....

Date.....

OFFICIAL USE ONLY

1. Accepted

2. Denied

reason.....

Admission officer

principal

.....

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Official stamp