

THE MWALIMU NYERERE MEMORIAL ACADEMY



KIBWETA CHA MWALIMU NYERERE

LEADERSHIP, ETHICS AND GOVERNANCE PROGRAMME

APPLICATION FORM

PERSONAL PARTICULARS OF APPLICANT

- 1) Full Name: Sir Name :.....
Middle Name :.....
First Name :.....
Gender: Male Female
- 2) Position
- 3) Organization
- 4) Telephone Number: Email
- 5) Training Session (09.00 am to 16.00pm)
- 6) Application Fee: Free of Charge
- 7) Training Fee: Each participant will be required to pay training fee of Tshs. 1,200,000/= (One million two hundred thousand Tshs. only).

Account Name: The Mwalimu Nyerere Memorial Academy
A/C No. 0150206210000

Bank Name CRDB Bank PLC

- 8) Submit the pay in slip to the Academy's Bursar. Make sure that the pay in slip bears your full **Names, Training program and year of study**

9) **Declaration**

I _____ Certify to the best of my knowledge that, the information I have given in this form is correct. In addition, I promise to be abiding to rules and regulations of the Academy.

- 10) Applicant's Signature _____ Date _____

Contact: The Rector,
The Mwalimu Nyerere Memorial Academy,
P.O. Box 9193,
DAR ES SALAAM.

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