

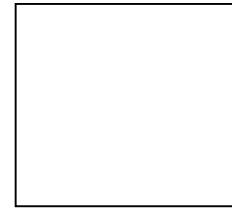
**UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF HEALTH AND SOCIAL WELFARE**

Tel. No. + 255-22- 2120261- 7  
 Fax: + 255-22 - 2138060  
 (All Correspondence to be  
 Addressed to the 'Permanent Secretary'

P.O. BOX 9083,  
 DAR ES SALAAM

**PICHA**



Reply please quote: Ref. No. **JB. 69/558/01**

**MINISTRY OF HEALTH AND SOCIAL WELFARE APPLICATION FORM FOR DIPLOMA COURSE  
 IN NURSING (EN TO RN ) THROUGH e-LEARNING PROGRAMME (DISTANCE LEARNING)  
 ACADEMIC YEAR 2014/15**

Names:	Surname:	Middle name:	First name:
Sex:	Nationality:	Date of birth:	Place of Birth:
Secondary Education (tick in appropriate place)		Form IV: Year of completion:	Secondary: Year of completion:
Training Institution attended for Certificate in nursing course		Training institution: Year of completion:	
Contact addresses (post address)			
Telephone No:	Mobile No:		
Fax No:			
E- mail Address:			
Next of kin Name and contacts	Full Name: Address: Telephone Number: Mobile:		
Secondary school(s) attended			
Parent's/Guardian name and address			

**INSTRUCTIONS TO ALL APPLICANTS:**

- (a) None refundable **Tshs 30,000/=**
- (b) Attach the following:
  - i. One recently passport size photograph
  - ii. Copies of Ordinary secondary certificate,
  - iii. Copies of License to practice.
  - iv. Copies of certificates of nursing and midwifery
- (c) This form can be accessed in the Ministry of Health and Social Welfare website – [www.moh.go.tz](http://www.moh.go.tz)
- (d) Submit your application form to the nearby school of nursing before **20/9/2014**
- (e) Date of commencement of academic year is 1<sup>st</sup> week of October, 2014