

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HOME AFFAIRS

IMMIGRATION SERVICES DEPARTMENT

TANZANIA REGIONAL IMMIGRATION TRAINING ACADEMY



Application Form

1. Training Programme:

Scheduled Dates of the Programme: _____

2. Applicant Details

Title: Dr / Prof. / Other: (____)

First Name: _____

Middle Name: _____

Surname: _____

Gender: Male () Female ()

Date of Birth: _____

Nationality: _____

3. Employment Details

Occupation: _____

Present Position: _____

Job Responsibilities: _____

Place of Employment: _____

Address: _____

City: _____ Zip Code: _____ Country: _____

Phone (office): _____ Fax (office): _____

Phone (home): _____ Mobile Phone: _____

E-mail address: _____

4. Education qualifications

Highest education level attained: Certificate () Diploma () Bachelor Degree ()

Others (*specify*) _____

Institution: _____

5. **Fluent in English:** Yes () No () 6. **Computer Literacy:** Yes () No ()

7. How did you know about this programme?

- 1. Through direct Contact: Email / Fax / Post / Phone Call
- 2. Through TRITA College graduate _____
- 3. Through employer (Full Name) _____
- 4. Through professional forum _____
- 5. Through TRITA Website
- 6. Other _____

I hereby declare that the information submitted herein are true to the best of my knowledge.

Date

Signature

8. Sponsors' Guarantee of Payment

(To be filled by the Employer or Sponsor)

_____ (Name of Employer or Sponsor) hereby approves and recommends the applicant named above of this application for the course applied for and that all course expenses will be met by:

(Name and address of Employer or Sponsor)

Name

Address

Signature _____

Designation _____

Official stamp _____

DATE _____

The duly filled in application form should be submitted directly to the following address:

TRITA - Admissions Committee
P.O Box 6697, Moshi, TANZANIA
TEL+255 27 2751 060
+255 272752287
FAX. +255 27 2752 287
E-mail: trita@immigration.go.tz
WEBSITE: www.trita.edu.tz

BANK ACCOUNTS' DETAILS

Please use the following Accounts:

| | |
|---|--|
| <p><u>Tanzania Bank Account Details</u> <u>(Tshs Account)</u></p> <p>Name of Account: Tanzania Regional Immigration Training Academy</p> <p>Account Number: 40301000183</p> <p>Bank Name : NMB MANDELA – Moshi, Branch</p> | <p style="text-align: center;"><u>OR</u></p> <p><u>Tanzania Bank Account Details</u> <u>(US \$ Account)</u></p> <p>Name of Account:</p> <p>Account Number:</p> <p>Bank Name :</p> |
|---|--|

***Please print or type all information and send through e-mail or postal address indicated below:**