



# JORDAN UNIVERSITY COLLEGE

A Constituent College of St. Augustine University of Tanzania

P.O.BOX 1878 Morogoro, Tanzania

Mob: +255717781455/ +255765660606 /+255783659567

Website: www.juco.ac.tz Email: admission@juco.ac.tz

Attach one passport size photo with name clearly written at the back

## APPLICATION FORM FOR BASIC TECHNICIAN CERTIFICATE PROGRAMMES 2020/2021

Programme Choice (Please tick the programme you are applying for)			
Programme	Choice	Programme	Choice
Certificate in Accountancy		Certificate in Law	
Certificate in Business Administration		Certificate in Library & Information Studies	
Certificate in Business Administration & Tourism Management		Certificate in Procurement & Supply Chain Management	
Certificate in Community Development		Certificate in Psychology & Counselling	
Certificate in Computer Science		Certificate in Records, Archives & Information Management	
Certificate in Computing, ICT		Certificate in Education with Religious Studies	
Personal Particulars			
1. Student's Names (As it appears on CSEE-Form IV or ACSEE -Form IV)			
Surname:			
First Name:		Middle Names:	
2. Student's Religious Name (if applicable):			
3. Gender:		4. Date of Birth (day/month/year):	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
5. Place of Birth:		6. Country:	
7. Nationality:		8. Citizenship:	
9. Religion:		10. Marital Status:	
		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow	
11. Address:			
12. Contacts:		Email:	
Tel.:		Fax:	
13. Profession:			
14. Father's Name:		Occupation:	
15. Mother's Name:		Occupation:	
16. Disability:		Do you have any kind of disability?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
(Note: This information is required in order to arrange appropriate means of assisting you once admitted.)			
For Emergencies: Persons to be contacted			
Full Name			
Relationship			
Address:			
Contacts:		Email:	
Tel.:		Fax:	
Full Name			
Relationship			
Address:			
Contacts:		Email:	
Tel.:		Fax:	
For Religious/Diocesan Students (Students belonging to Religious Congregations/Dioceses)			
Name of the Congregation/Diocese:			
Address of the Superior/Bishop:			
Contacts:		Email:	
Tel:		Fax:	
Date & Signature :		Official Stamp or Seal:	

**For Non-Tanzanians**

Resident Permit/Exemption Certificate (a copy is required)

Date of Issue (d/m/y):		Valid to (d/m/y):	
Date of Renewal (d/m/y):		Valid to (d/m/y):	
Passport (a copy is required)	No:	Country:	
Date of Issue (d/m/y):		Valid to (d/m/y):	

**Education Background** (Please attach copies of your certificate(s), transcript(s), and/or official award letter(s) to your application.)

School/College/University Attended	Location	Year of Completion	Duration	Certificate No.

**Source of Finance**

How will you finance your studies?:	<input type="checkbox"/> Private	<input type="checkbox"/> Have a Sponsor
If Sponsored please specify	Full Name:	Relationship:
Address of Sponsor:		

**Employment Record**

(Please list your current and previous employment in chronological order, putting your present or most recent post first. Short periods of vacation work, unless they are particularly relevant to your proposed course, should be excluded)

Name of Employer & Location	Post Held	From (month/year)	To (month/year)

**Any other relevant qualification or experience**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Proficiency in English**(English is not your first language, please state your qualifications and proficiency in it)

\_\_\_\_\_

**Source of Information** (Please indicate where you first learned about this College and the programmes)

Student     College Staff     Prospectus     TCU/NACTE     Exhibitions     Internet

Other (please specify) .....

**Declaration**

I declare that all information given in this form is correct: Signature of the Applicant: ..... Date: .....

**Payments**

Submission of dully filled application form should be accompanied with payment of non-refundable Application Fee of TSHS 10,000. Pay the Application Fee through the Account Number as Shown

SN	Bank Name	Account Name	Bank Account Number
1	CRDB Bank	Jordan University College	015 027 752 7900

NB: Cheques are not accepted! Remember to use the applicant's name and attach the original pay-in-slip of the Application Fee to your application form.

**Attachments**

- Please include the following with this application:
- A medical Doctor's Certificate from recognized Governmental practitioner (please use our form)
  - One (1) passport size photographs recently taken
  - A short history of your life in English (500-700 words) in your own handwriting, describing the important details of your life, your reasons for pursuing these studies and your plans for the future.
  - Photocopies of all your Educational Certificates and Academic Transcripts.
  - Photocopy of Birth Certificate.
  - Original pay slip of TSHS 10,000.

When you have attached all required materials kindly submit application form to: **Admission Office, Jordan University College, P.O. Box 1878, Morogoro. Tanzania**