

NDANDA SCHOOL OF NURSING

P. O Box 16, Ndanda, Mtwara Mobile (255) 742 410 676

Email: ndandanursing@gmail.com

Website: www.ndandahospital.org

APPLICATION FOR ADMISSION TO DIPLOMA IN NURSING AND DIPLOMA IN MEDICAL LABORATORY SCIENCE

APPLICATION NO:	PASSPORT

INSTRUCTIONS:

- A. Give detailed information as possible. You can attach extra pages for additional information.
- B. Pay 30,000/= for application form through Account No:-70706600023 NMB name of account *Ndanda School of Nursing*.
- C. Attach the following
 - i) One recent passport size
 - ii) Copies of Secondary education certificate
 - iii) Copy of licensure to practice (in-service)
 - iv) Copies of certificate in nursing, midwifery and transcript (in-service)
 - v) Original Bank pay slip
- D. No Application will be processed without payment of the application fee.
- E. Submit your form at School before Date 8th September, 2020

SECTION A: Personal Particulars

1.	. Applicant's Name (Surname):		Middle Name	
	First name			
2.	. Sex: Male Fema	ıle		
3.	. Date of birth:	Place of birth		
4.	. Marital status(put a tick)	Single Mar	ried Widowed	
5.	. Religion:	Denomination: .		
6.	. Nationality:			
7.	. Current Contact Address:		. District	
	Region	Tel / Mobile	e:	
	Fax:	Email:		
8.	. Permanent home address:			· •
9.	. How do you plan to finance your Self-financed	studies (Tick as appropriate) Sponsorship		
10	0. Give name, address and phone nu	mber of sponsor or source of so	cholarship	
11	1. Next of kin First Name:	Mido	dle Name	
	Surname	Relationshi	p:	
	Contact Address:	District.		
	Region	Tel / Mobile:		
	Fax: Email:			

SECTION B: Programe particulars

SECTION Do	ry Education (In-service) year of completion	Field of Study	Qualifications Obtained
15. Post-seconda College SECTION D	ry Education (In-service) year of completion	Field of Study	Qualifications Obtaine
15. Post-seconda College	ry Education (In-service) year of completion	Field of Study	Qualifications Obtaine
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15. Post-seconda	ry Education (In-service)		
	study 	completion	number(s)
School	hool Education. List certificate of Level of	Year of	Index
	nary school		-
	ducation Background		
Pre-Service			
_	in Medical Laboratory		
Pre-Service	In-service one year	In-service two	year's e-learning
a. Diploma i			

17. Aı	re you currently in employment?	Yes / No	•••
If	YES, give Names of the employe	r:	
Co	ontact Address	District	
Re	egion	Tell/Mobile: Fax	
Er	nail		
I		certify that the information given in this application for	m
is correct	and accurate to the best of my known	owledge	
Applicant	t's signature	Date	
SECTIO	N E: For official use only		
18. Re	ecommendations of the Admission	ns Committee	
a.	Forwarded to the Committee: De	ate	
b.	Recommendation of the commit	tee: Accepted Rejected	
c.	Comments on recommendation		
			•
			••
Principal.		. Signature Date:	