



NDANDA SCHOOL OF NURSING

P. O Box 16,
Ndanda,
Mtwara

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Email: ndandanursing@gmail.com

Website: www.ndandahospital.org

APPLICATION FOR ADMISSION TO DIPLOMA IN NURSING AND DIPLOMA IN MEDICAL LABORATORY SCIENCE (2021-2022)

PASPORT

APPLICATION NO:

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 *NdandaSchool of Nursing.*
- C. Attach the following
 - i) One recent passport size photograph for both (in-service and pre-service)
 - ii) Copies of Secondary education certificate for both (in-service and pre-service)
 - iii) Copy of licensure to practice (in-service)
 - iv) Copies of certificate in nursing, midwifery and transcript for 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 ,2021

SECTION A: Personal Particulars

1. Applicant's Name (Surname):.....
2. Middle Name..... First name Gender.....
3. Date of birth: Place of birth.....
4. Marital status(*put a tick*) Single Married Widowed
5. Religion: Denomination:
6. Nationality:
7. Current Contact Address: District.....
Region..... Tel / Mobile:
Fax: Email:
8. Permanent home address:
9. How do you plan to finance your studies (Tick as appropriate)
Self-financed Scholarship
10. Give name, address and phone number of sponsor or source of scholarship
.....
.....
11. Next of kin First Name: Middle Name.....
Surname..... Relationship:
Contact Address: District.....
Region..... Tel / Mobile:
Fax: Email:

SECTION B: Programme particulars

12. State the form of programme that you will be considered for (*tick as appropriate*)

a. Diploma in Nursing

Pre-Service In-service one year In-service two year's e-learning

b. Diploma in Medical Laboratory

SECTION C: Education Background

13. Name of Primary school.....year of completion.....

14. Secondary School Education. List certificate of Secondary Education (attach copies of Certificates)

School	Level of study	Year of completion	Index number(s)
.....
.....
.....
.....

15. Post-secondary Education for In-service

College	year of completion	Field of Study	Qualifications Obtained
.....
.....
.....
.....
.....

SECTION D: Employment or Work Experience for (In-service)

16. Give a brief history of working life. (continue on a separate sheet of paper if necessary)

Name and Address of Institution	Work Experiences	
	FROM	TO

17. Are you currently in employment? Yes / No
If **YES**, give Names of the employer:.....
Contact AddressDistrict.....
Region.....Tell/Mobile: Fax
Email

I.....certify that the information given in this application
form is correct and accurate to the best of my knowledge

.....
Applicant's signature Date

SECTION E: For official use only

18. Recommendations of the Admissions Committee

a. Forwarded to the Committee: Date.....

b. Recommendation of the committee: Accepted Rejected

c. Comments on recommendation

.....
.....
.....
.....

Principal..... Signature Date: