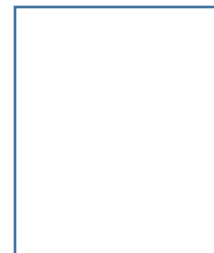




KIZIMBANI AGRICULTURAL TRAINING INSTITUTE

P.O.BOX 610, ZANZIBAR

E-MAIL: info@kati.ac.tz, WEBSITE: www.kati.ac.tz



(Fill in **BLOCK LETTERS** with BLUE or BLACK ink. Incomplete form may cause delay or refusal of application)

APPLICATION FORM FOR ADMISSION INTO CERTIFICATE COURSES AND ORDINARY DIPLOMA OFFERED BY KIZIMBANI AGRICULTURAL TRAINING INSTITUTE FOR THE ACADEMIC YEAR 2019/2020

1.0 APPLICANT PERSONAL INFORMATION

1.1 Full Name.....

1.2 Gender Male Female

1.3 Date of Birth /...../..... Place of Birth.....

1.4 Place of Origin.....

1.5 Marital Status single Married Divorced

1.6 Presence Address

Place

Phone Number

P.O.Box

Email Address.....

1.7 Name of Shehia:..... Name of Sheha:.....

1.8 House Number:.....

1.9 Nationality:.....

2.0 EDUCATION BACK GROUND

2.1 Name of the school:

2.1.1 Primary School.....

2.1.2 Secondary School..... Form IV Index Number:.....

2.2 Level of Education (Certificate)

Grade.....

2.3 SECONDARY EDUCATION RESULTS (“A” or “O” LEVEL)

S/N	Subject	GRADE O-Level	GRADE A-Level
1.	Biology		
2.	Chemistry		
3.	Physics		
4.	Mathematics		
5.	Geography		
6.	English		

3.0 CHOICE OF COURSES OF STUDY

The courses mentioned below are at Diploma and Certificate level.

Select interested courses in order of priority by putting the number in the box provided.

S/N	Course Name	Selected course by Priority (Tick ✓)
1.	Certificate in General Agriculture (CGA)	
2.	Certificate in Crop Production (CCP)	
3.	Certificate in Animal Health and Production (CAHP)	
4.	Diploma in General Agriculture (DGA)	
5.	Diploma in Crop Production (DCP)	
6.	Diploma in Animal Health and Production (DAHP)	

4.0 EMPLOYMENT RECORD (Tick ✓)

4.1 Are you employed Yes No

If yes

Government NGO’s Private Sector

4.2 Name and Address of your current employer

.....

4.3 Place of work:

4.4 Your Designation:

4.5 Working Duration: Years.....

5.0 EMPLOYER CONFIRMATION

I am ready to release Mr/Ms/Mrsfor studies from 2019/2020 academic year if he/she will succeed to join the College.

Name.....

Position

Date.....

Signature and Official Stamp

6.0 NEXT OF KIN

6.1.1 **Full Name**..... **Address**.....
6.1.2 **Relationship**:.....
6.1.3 **Telephone Number**:..... **Email**:.....
6.1.4 **Date**:...../...../..... **Signature**:.....

7.0 DECLARATION

I, certify that information given in this form are true, complete and correct to the best of my knowledge. If selected, I will follow the course of training and abide with the rules and regulations of the College.

Date:/...../.....

Signature of Applicant:.....

8.0 IMPORTANT INFORMATION FOR APPLICANT

Please attach certified copies of the following documents:

- i. Copy of school certificates (“O” level, “A” level certificate (s))
- ii. Copy of birth certificate
- iii. Copy of identification card
- iv. One recently taken passport size photograph
- v. Copy of completed certificate (for diploma course)
- vi. A copy of Bank pay-in slip of the application fee

Note:

Applicants are required to pay a non-refundable application fee of 20,000/=

*All payments are to be paid instantly at the People’s Bank of Zanzibar (PBZ) Limited through the KATI STUDENT account number **0404394000**.*

9.0 APPLICATIONS AND ALL ENQUIRIES SHOULD BE ADDRESSED TO:

Registrar,

Kizimbani Agricultural Training Institute

P.O.Box 610, Zanzibar, Tanzania.

Tel: +255 (0) 77 741 8734 / +255 (0) 77 908 5073 / +255 (0) 71 371 6154

Email: info@kati.ac.tz

Website: <http://www.kati.ac.tz>

The closing date for receiving Application Forms is 31st, May, 2019