

THE UNITED REPUBLIC OF TANZANIA MINISTRY OF INFORMATION, CULTURE, ARTS AND SPORTS



For Official Use
Only

MALYA COLLEGE OF SPORTS DEVELOPMENT APPLICATION FORM FOR ADMISSION TO DIPLOMA PROGRAMMES

To be filled in carefully and sent to: Admission officer Malya College of Sports Development P.O. Box 153, Kwimba, Mwanza Mail: isdmalya@yahoo.com, malya@habari.go.tz Affix one stamp photographs with your name

Mail: isdmalya@yahoo.com, malya@habari.go.tz	with your name
Academic Year for which Admission is sought eg. (2019/2020):	
CHOICE OF DIPLOMA PROGRAMMES IN DESCENDING ORDER OF PREFERANCE	
In the table below, enter the diploma programmes you would like to study in descending order of prefere	ence. (e.g. 1, 2, 3.)
Full Name of Diploma Programme Order of prefe	rence (1,2,3)
Ordinary Diploma in Sports Management and Administration (ODSMA)	
Ordinary Diploma in Physical Education and Sports (ODPES)	
Ordinary Diploma in Sports Coaching Education (ODSCE)	
1.0 PERSONAL PARTICULARS 1.1 Last Name (Block Letters):	S.E.E-Form VI
names.	
1.2 Sex: Male	
1.4 Place of Birth: 1.5 Citizenship:	
1.6 Religion: 1.7 Name of primary school:	
1.8 Postal Address:	egion
1.9 Telephone Number(s): E-mail:	
1.10 Any disability? None Physical Visual Hearing Spec	ech
1.11 Name of Next of kin:	ress
TelephoneNumber(s)EmailaddressDistrict	Region
(Note: This Information is required for the College to arrange appropriate means of assisting you on no way affect the decision to admit you)	nce admitted. It will in
2.0 EDUCATIONAL BACKGROUND 2.1 Certificate of Secondary Education Examination (C.S.E.E.) National Form IV Index number	

	tion Examination (Gr	<i>'</i>	ear:			
3.0 Post secondary Institu Have you attended this co If yes, provide details i	ollege/Organization or	any other Institution	ons before? Yes:	No:		
Institution name	Institution status	Date	Date attended		Award and specialization	
location and address	Institution status	From To		Award and specialization		
rocation and address		Month /year	Month/year			
		1/10Hull / your	1/101141/ your			
Note: Institution status of Award and specialization 3.1 Application Fees			•	•		
Indicate the applicant	t's name as written in	the bonk now in clir	of the non-refundab	la application for		
					and to this form	
Application fee (10,000 /=		,		•	•	
using Control number (9		-			iiu CKDB wakaia	
using Control number (990400001210), ree i	emittance by any of	mei means shan not t	ве ассериец.		
3.2 Sponsorship (Please	tick one)					
Private		Other (Please specify)				
b) Copies of Profec) Copy of Birth Cd) An original reco	emic Transcripts and essional Qualifications	Certificates of non –refundable				
Successful applicants will	l be required to bring	the original certifica	ates for verification at	t the time of registra	ntion	
Declaration I declare that all information Signature of applicant	-		Date			
Note: The information go false information to any		-				
FOR OFFICIAL USE Of Application form has been		nission Office, MC	SD			
Name of Officer:						
Signature		Date:				

ANY OTHER ENQUIRY PLEASES CONTACT: 0782413827/ 0713403153/0767413827