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THE INSTITUTE OF PUBLIC  
ADMINISTRATION.  
P.O.BOX 1179  
TEL: +255 - 24 - 2231160  
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Application form for Admission to Undergraduate Programmes  
For Academic Year 2017/2018

(Please Write in Block Letters)

Four (4)  
Recent  
Passport size  
photo

**A. ACADEMIC PROGRAMMES OFFERED**

Please put tick (√) on the desired program.

	Programme	Preference
1	Bachelor in Human Resources Management	
2	Bachelor in International Relations and Diplomacy	
3	Bachelor in Records and Archives Management	

**B. PERSONAL INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Date of birth: date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Citizenship: \_\_\_\_\_ (If more than one, please indicate them using comas)

Place of birth: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Country) \_\_\_\_\_

Permanent Address: (Street) \_\_\_\_\_ (Region) \_\_\_\_\_ (Country) \_\_\_\_\_

Passport number: (For Foreign Student) \_\_\_\_\_

Date of issue: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Valid until: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Permanent address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Country) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special needs: Do you have any form of disability? Yes  No

If "Yes" Indicate \_\_\_\_\_

Employment (If any)  
Name and address of Company/Institution/Organization

\_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### C. ACADEMIC BACKGROUND

Please, fill your academic history as indicated in the tables below

#### 1. Ordinary Level

S/N	SCHOOL NAME/CENTER	SUBJECT	GRADE	DATE	INDEX NO.

#### 2. Advance Level

S/N	SCHOOL NAME/CENTER	SUBJECT	GRADE	DATE	INDEX NO.

#### 3. Other qualification (if applicable)

S/N	NAME OF INSTITUTION	LOCATION/ COUNTRY	YEAR	SPECIALIZATION	GPA

### D. LANGUAGE PROFICIENCY:

Please indicate the proficiently level estimate (e.g. excellent, good, fair, poor)

S.N	LANGUAGE	READING	WRITING	SPEAKING
1.	Kiswahili			
2.	English			
3.	Arabic			
4.	French			
5.	Others (specify)			

### E. FINANCIAL SUPPORT

Indicate your source of funds: (Tuition fees and other expenses)

Name of Sponsor: \_\_\_\_\_

Full address \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Area of Residence \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

## F. EMERGENCY CONTACT (Two next of kin)

<b>1 .Name</b>		<b>2. Name</b>	
Relationship		Relationship	
Mobile No		Mobile No	
E-mail Address		E-mail Address	
Location		Location	

## G. DECLARATION

I..... declare that the information provided in this application form is complete and accurate to the best of my knowledge. I am prepared to timely cover the expenses of studying. I am aware that failure to fill complete and accurate information will invalidate my application.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_

## H. FOR OFFICIAL USE ONLY

<b>Remarks:</b>	Accepted <input type="checkbox"/>	Not accepted <input type="checkbox"/>	Incomplete <input type="checkbox"/>
Other comment (If any): .....			
Title:.....Signature:..... Date:.....			

### Please Attach certified copies of the followings-:

1. "O" level certificate or equivalent
2. "A" level certificate or equivalent
3. Other relevant Certificates and transcripts (If applicable)
4. Birth certificate or Zanzibar Identity card or National Identity card
5. A letter for Sponsorship (if candidate sponsored by institute, organization or any other official body).
6. Receipt for payment of application form
7. Copy of passport (for foreign student)

## I: SUBMISSION

All applications must be submitted by hand/post to the following address before 30<sup>th</sup> August, 2017.

ADMISSION OFFICE

THE INSTITUTE OF PUBLIC ADMINISTRATION,

P.O.BOX 1179, ZANZIBAR,

Mobile: +255777239070, +255777452670, E-mail: [info@ipa.ac.tz](mailto:info@ipa.ac.tz)

### NOTE:

This form will only be processed upon the payment of non-refundable application fee of 20,000/= Tanzania shillings that should be paid through IPA account at **People Bank of Zanzibar Account N° : 021103000578, Account Name Chuo cha Utawala wa Umma.**