

WATER DEVELOPMENT AND MANAGEMENT INSTITUTE

Website: www.wdmi.ac.tz



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Application for Admission to Ordinary Diploma Course for Academic Year 20010/2011

FOR OFFICIAL USE ONLY

<i>Date received</i>	
<i>Application fee receipt No</i>	
<i>Amount</i>	
<i>Admission number</i>	
<i>Signature</i>	

TO BE COMPLETED BY APPLICANT

Course Choices (refer to section 10)

Choice (1) _____ (in Capital letters)

Choice (2) _____

Choice (3) _____

Note: This form must be returned to the Principal, Water Development and Management Institute, P.

O. Box 35059, DSM on or before 30th June 2010

APPLICANTS PERSONAL PARTICULARS

1. Last/Family name (Capital letters) _____

First name _____ Middle Name _____

Note: The names entered on this form must be the same as those appearing on your Certificates.

2. Sex _____ (3) Date of Birth _____

4. Place of birth _____ (5) Religion _____

6. Marital Status _____ (7) Citizenship _____

8. Permanent Address _____

E-mail address _____

Telephone number _____

9. Name and address of person to be notified in case of emergency

Name _____

Relationship _____

Address _____

Telephone _____ email _____

10. Courses to apply for:

S/No	COURSE CODE	COURSE TITLE
1	WSE	Diploma in Water Supply and Sanitation Engineering
2	HYM	Diploma in Hydrology
3	HGD	Diploma in Hydrogeology and Water-Well Drilling
4	WLT	Diploma in Water Laboratory Technology

11. (a) Certificate of Secondary Education Examination (CSEE)/ National Form 4 or Equivalent

<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>	<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>
<i>i.</i>				<i>vi</i>			
<i>ii.</i>				<i>vii</i>			
<i>iii.</i>				<i>viii</i>			
<i>iv.</i>				<i>ix</i>			
<i>v</i>				<i>x</i>			

Examination Authority _____ Division _____

Index No. _____ Examination Centre _____

Country _____

(b) Advanced Certificate of Secondary Education Examination (ACSEE)/ Form 6 or Equivalent

<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>	<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>
<i>i.</i>				<i>iii</i>			
<i>ii.</i>				<i>iv</i>			

Examination Authority _____ Division _____

Index No. _____ Examination Centre _____

Country _____

12. Give details of any other qualifications

<i>Institution/College</i>	<i>Course</i>	<i>Year enrolled</i>	<i>Year Graduated</i>	<i>Reg. No</i>	<i>Classification</i>	<i>Award</i>

Note: Certified true copies of relevant certificates must be attached. Original Certificates will be demanded on registration.

13. Applicants service particulars (for employed applicants):

<i>Employer</i>	<i>Post held</i>	<i>Date(s)</i>

14. Sponsorship Information:

14.1 Give name and address of the person or organization that has agreed to support

You financially _____

14.2 Fill the following form and have it signed and stamped by the authorizing person

Name of sponsoring person or organization	
Address	
Name of authorizing person	
Official Position	
Official Stamp	

15. Applicant Declaration

I am aware that the WDMI has the right to reject any application and withdraw any offer of admission should all or part of the information provided by the applicant is found to be false and/ or incorrect.

FULL NAME OF APPLICANT _____

DATE: _____ SIGNATURE: _____

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Application for Admission to Ordinary Diploma Pre-Entry (Access) Course for Academic Year 2010/2011

FOR OFFICIAL USE ONLY

<i>Date received</i>	
<i>Application fee receipt No</i>	
<i>Amount</i>	
<i>Admission number</i>	
<i>Signature</i>	

TO BE COMPLETED BY APPLICANT

Note: This form must be returned to the Principal, Water Development and Management Institute, P. O. Box 35059, DSM before 9th April 2010

APPLICANTS PERSONAL PARTICULARS

1. Last/Family name (Capital letters) _____

First name _____ Middle Name _____

Note: The names entered on this form must be the same as those appearing on your Certificates.

2. Sex _____ (3) Date of Birth _____

4. Place of birth _____ (5) Religion _____

6. Marital Status _____ Citizenship _____

8. Permanent Address _____

E-mail address _____

Telephone number _____

9. Name and address of person to be notified in case of emergency

Name _____

Relationship _____

Address _____

Telephone _____ email _____

10. (a) Certificate of Secondary Education Examination (CSEE)/ National Form 4 or Equivalent

<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>	<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>
<i>i</i>				<i>vi</i>			
<i>ii</i>				<i>vii</i>			
<i>iii</i>				<i>viii</i>			
<i>iv</i>				<i>ix</i>			
<i>v</i>				<i>x</i>			

Examination Authority _____ Division _____

Index No. _____ Examination Centre _____

Country _____

(b) Advanced Certificate of Secondary Education Examination (ACSEE)/ Form 6 or Equivalent

<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>	<i>Subject</i>	<i>Grade</i>	<i>Year</i>	<i>Index No</i>
<i>i</i>				<i>iii</i>			
<i>ii</i>				<i>iv</i>			

Examination Authority _____ Division _____

Index No. _____ Examination Centre _____

Country _____

11. Give details of any other qualifications

<i>Institution/College</i>	<i>Course</i>	<i>Year enrolled</i>	<i>Year Graduated</i>	<i>Reg. No</i>	<i>Classification</i>	<i>Award</i>

Note: Certified true copies of relevant certificates must be attached. Original Certificates will be demanded on registration.

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<i>Employer</i>	<i>Post held</i>	<i>Date(s)</i>

13. Sponsorship Information:

13.1 Give name and address of the person or organization that has agreed to support you financially _____

13.2 Fill the following table and have it signed and stamped by an authorizing person

Name of Organisation	
Address	
Name of authorizing person	
Official Position	
Official Stamp	

15. Applicant Declaration

I am aware that the WDMI has the right to reject any application and withdraw any offer of admission should all or part of the information given by the applicant is found to be false and/ or incorrect.

FULL NAME OF APPLICANT _____

DATE: _____ SIGNATURE: _____