

**SCHOOL OF LIBRARY, ARCHIVES AND DOCUMENTATION STUDIES  
CHUO CHA UKUTUBI NA UHIFADHI NYARAKA-BAGAMOYO**



**APPLICATION FORM FOR ADMISSION INTO CERTIFICATE  
PROGRAMMES FOR MARCH INTAKE 2020/2021**

**PART A: CHOICE OF THE CAMPUS:**

<p><b>CAMPUS CHOICE</b> (Tick the Campus of your Choice )</p>	Bagamoyo Campus <input type="checkbox"/>	(Dar es salaam Campus) <input type="checkbox"/>
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**PART B: BASIC PERSONAL INFORMATION**

1. First name Middle Name Surname

.....  
(as indicated in your certificates)

2. Gender: Date of Birth Nationality  
.....

3. Mailing Address:  
P.O. Box ..... Town/City..... District .....  
Country..... Phone ...../  
Email (If any) .....

4. **Parent/Guardian**  
Name Phone Relationship  
.....  
District ..... Town /City .....

**PART C: EDUCATIONAL BACKGROUND**

**5. Certificate of Secondary School Examination Results or Equivalent (O' Level)**

<b>Subject</b>	<b>Grade</b>	<b>Year</b>

O'Level Index Number .....

O'Level Examination Year: .....

Examination Centre/School.....

Country.....

Name of Primary School.....

**6. Advanced Certificate of Secondary School Examinations Results or Equivalent (A' Level)**

<b>Subject</b>	<b>Grade</b>	<b>Year</b>

A'Level Index Number .....

A'Level Examination Year: .....

Examination Centre/School.....

Country.....

**7. DECLARATION**

I agree to abide by the programme Conditions Set or as may be amended from time to time by the School of Library, Archives and Documentation Studies. I also certify that the information provide above is true and complete in all aspects.

I agree that:-

- SLADS retains the right to nullify my admission if the information provided is found to be false.

**Signature**.....**Date**.....

**8. PART D: TO BE FILLED BY EMPLOYER/SPONSOR (IF APPLICANT IS EMPLOYED)**

I/We (name of Institution).....  
hereby accept responsibility of paying tuition fee for (name of applicant)  
..... who is applying for (name of the course)  
Diploma/Certificate Course (Tick the appropriate course)

I/We further accept responsibility to pay the following (Tick the appropriate)

- a) Tuition fees
- b) Books and Stationery allowances
- c) Field attachment allowances
- d) Meal allowances
- e) Medical capitation
- f) Transport allowances

Signature.....

Full name and address of sponsor  
.....

Cell Phone: .....

Position.....

**Official Stamp**.....**Date**.....

**9. ATTACHMENTS TO THE APPLICATION FORM**

- i. Copies of Secondary School Certificates.
- ii. Copy of Birth Certificate.
- iii. Copies of Academic Transcripts and Certificates.
- iv. An original receipt (Bank Pay-in-Slip non-refundable application fees T.shs 10,000/=should be paid through bank.

All **non-Tanzanian** certificates should be translated according to **NECTA** grades before submitted for application.

***Successful applicants will be required to bring the original certificates for verification at the time of registration.***

**10. MODE OF PAYMENT DETAILS**

**Control No: 994010046503**

**Bank Name:** NMB PLC

**Beneficiary name:** Tanzania Library Services Board

**Address:** P. O. BOX 227, BAGAMOYO

All applications should be addressed to:

The Principal

School of Library, Archives and Documentation Studies

P.O. Box 227

**Bagamoyo.**

**NB:** For further information call:

**Office:** 023 - 24400501/023 - 244 0605/023 - 24402606

**Cellphone:** 0714 - 259997

0753 - 643020

0718 - 432102

0766 - 220405

**E-mail:** [academic@slads.ac.tz](mailto:academic@slads.ac.tz)

**Website:** [www.slads.ac.tz](http://www.slads.ac.tz)