

# INSTITUTE OF SOCIAL SCIENCE AND MANAGEMENT



S.L.P,233  
IFAKARA,MOROGORO

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## APPLICATION FORM FOR REGISTRATION

ACADEMIC PROGRAMMES (Tick the appropriate box below)

|  |   |
|--|---|
| DIPLOMA AND<br>CERTIFICATE<br>PROGRAMS | 1.Basic technician certificate in community development (NTA-4) |
|  | 2.Basic technician certificate in social work (NTA LEVEL 4)     |
|  | 3.Diploma in community development (NTA LEVEL 5,6)              |
|  | 4.Diploma in social work (NTA LEVEL 5,6)                        |
|  | 5.Certificate in information communication technology (ICT)     |

## II. PERSONAL INFORMATION (Please Write in BLOCK Letters)

|                |  |                 |  |
|----------------|--|-----------------|--|
| First Name     |  | Mailing Address |  |
| Middle Name    |  |                 |  |
| Surname        |  | City            |  |
| Gender         |  | Region          |  |
| Date of Birth  |  | Country         |  |
| Place of Birth |  | Phone Number    |  |
| Marital Status |  | Mobile Number   |  |
| Nationality    |  | Fax Number      |  |
| Passport No.   |  | E-mail Address  |  |
| Place of Issue |  |                 |  |
| Date of Issue  |  |                 |  |
| Date of Expiry |  |                 |  |
| NIDA<br>NUMBER |  |                 |  |

### III. EDUCATION INFORMATION

| O-Level School                         |  | A-Level School          |  |
|--|--|-------------------------|--|
| Name of School                         |  | Name of School          |  |
| Index Number                           |  | Index Number            |  |
| Mailing Address                        |  | Mailing Address         |  |
| City                                   |  | City                    |  |
| Region                                 |  | Region                  |  |
| OTHER RELEVANT DEGREE/COURSES ATTENDED |  | D                       |  |
| Type of Course                         |  | Type of Course          |  |
| Name of School/Coll ege                |  | Name of School/Coll ege |  |
| City                                   |  | City                    |  |
| Region                                 |  | Region                  |  |

### IV. EMPLOYMENT EXPERIENCE

|    |                           |  |
|----|---------------------------|--|
| 1. | Name of Employer          |  |
|    | Address of Employer       |  |
|    | Employer Contact Number   |  |
|    | Period of Employment      |  |
|    | Occupation                |  |
|    | Name of Supervisor        |  |
|    | Supervisor Contact Number |  |

### V. FINANCIAL SUPPORT

|                 |            |
|-----------------|------------|
| Name of Sponsor |            |
| Mailing Address |            |
| City/Region,    |            |
| Country         |            |
| Phone Number    | Fax Number |
| E-mail Address  |            |

## VI. FAMILY INFORMATION

|                    |  |                   |  |
|--------------------|--|-------------------|--|
| Name of Father     |  | Mailing Address   |  |
| Occupation         |  | Employer          |  |
| Educational Level  |  | Nationality       |  |
| Name of Mother     |  | Mailing Address   |  |
| Occupation         |  | Employer          |  |
| Educational Level  |  | Nationality       |  |
| Name of Spouse     |  | Mailing Address   |  |
| Occupational       |  | Employer          |  |
| Educational Level  |  | Nationality       |  |
| Number of Children |  | Ages of Children  |  |
| Number of Brothers |  | Number of Sisters |  |

## VII. EMERGENCY CONTACT (Provide two names and addresses)

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| 1. Contact Name |  | 2. Contact Name |  |
| Relationship    |  | Relationship    |  |
| Mailing Address |  | Mailing Address |  |
| Phone Number    |  | Phone Number    |  |
| Mobile Number   |  | Mobile Number   |  |
| Fax Number      |  | Fax Number      |  |
| E-mail Address  |  | E-mail Address  |  |

## VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity.
- Status of Responsibility/Position

|                   |  |                   |  |
|-------------------|--|-------------------|--|
| 1. Reference Name |  | 2. Reference Name |  |
| Mailing Address   |  | Mailing Address   |  |
| Phone Number      |  | Phone Number      |  |
| Mobile Number     |  | Mobile Number     |  |
| Fax Number        |  | Fax Number        |  |
| E-mail Address    |  | E-mail Address    |  |

## IX. HOSTEL FACILITY

Do you wish to avail the Hostel Facility - YES / NO

(If yes please visit the Hostel In-charge to get more information about the Hostel)

DECLARATION

I do hereby confirm that

- > The Information I have stated above is true and correct
  - > I shall notify the Institute immediately of any changes in the above information
  - > I shall comply with the Students By-Laws of which I have been given a copy; and
- I shall pay in full the Institute fees due at the beginning of every academic Year / Semester

Student signature \_\_\_\_\_ Date \_\_\_\_\_

DD MM YYYY

Documents Required:

1. To apply for the courses, Application Form can be had from the Admission Office by paying a non-refundable fee of TZS 30,000/- at the cash counter.
2. Two recent passport size photographs.
3. Certified copies of certificates and transcripts.
4. Medical certificate from the Hospital.
5. Agreement for Admission attested by Notary Public.

| For Office Use only   |                              |
|---|------------------------------|
| Date of Application Received  |                              |
| Application Fee <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid   | Receipt No: _____ Date _____ |
| Application Status <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete  |                              |
| Admission Status <input type="checkbox"/> Offered <input type="checkbox"/> Not Offered <input type="checkbox"/> Under consideration |                              |
| If not offered/ under consideration reason _____  |                              |

Registration No:

Signature of Admissions Officer

Verified by: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# INSTITUTE OF SOCIAL SCIENCE AND MANAGEMENT



P.O. Box 233 ,UWANJA WA TAIFA ,IFAKARA MOROGORO -TANZANIA

## AGREEMENT FOR ADMISSION

This AGREEMENT is made on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ between THE PRINCIPAL / ADMISSIONS OFFICER on behalf of the INSTITUTE OF SOCIAL SCIENCE MANAGEMENT (ISM), P. O. Box 233 IFAKARA, MOROGORO ( herein after referred to as the “Institute”) of one part.

AND \_\_\_ of P. O. Box \_\_\_\_\_ (Herein after referred to as the “student”) of the other part

AND

WHEREAS the student is willing to accept such a place for the said purpose and for the terms herein after contained.  
NOW THIS AGREEMENT WITNESS as follows:

1. The Institute hereby covenants with the student as follows:
  - a) To provide Institute education of the required standard, and
  - b) Not to terminate this agreement without good cause and prior notice to the student subject to clause 3 (a) below
2. The student hereby covenants with the Institute as follows:
  - ) To pay all fees payable by the student or his/her sponsor at the rate and in the manner as the Institute may determine from time to time by way of publication of the same in the Institute fees structure for the respective academic year, and
  - ) As a condition to be admitted to ISM to be bound by the following terms during the whole duration of the studies:
    - To adhere to the Institute Constitution together with its rules and regulations, policies and procedures, student’s By-Laws, Institute Examinations, Regulations, and all guidelines
    - To cater for ones transport to and from the Institute during the holidays
    - To be personally responsible for one’s own meals
    - To be allowed to continue with studies for the rest of the academic years only after passing appropriate examinations and payment of the required fees
    - If student personally decides to terminate studies and or due to the case of abrogation of Institute rules and regulation paid fees will not be refunded.
    - To make sure that one’s sponsor pays in full the prescribed fees, and that any internal agreement with the sponsor will not alter ones obligation to the Institute.
    - To insured oneself or to be insured by one’s sponsor against major illness.
    - To abstain from any unlawful assembly.
    - To attend lectures, clinical duties, rotations, and all Institute activities without failure.
    - In case one’s performance is not satisfactory then the Institute authority may take action ranging from requiring the student to re-sit an examination to complete discontinuation from the Institute.

- Not to reveal confidential reports of the patients or hospital during or after completion of one's studies.
- To replace any Institute property damaged or destroyed by oneself and
- To observe and respect the nursing and medical ethics, the Institute Constitution and the Hospital standing orders.

3. The Institute and the student mutually agree as follows:

- During the duration of this agreement each party may terminate this agreement by issuing a 21 days' notice to the other party, unless it is an act of great misconduct on the part of the student where further stay at the Institute endangers the rest of the Institute or hospital community. In such a case, 24hours notice will be given.
- Any amendment or changes to this agreement shall be agreed by both parties and shall appear to this agreement as annexes.
- Should there arise any complaint or dispute from either party, and then such a dispute shall be amicably settled by the parties through reconciliation by the Institute bodies as set out in the Institute Constitution and
- This agreement will be governed by the Tanzania laws

4. In the event of any difference of opinion regarding the interpretation of any clause I the ISM Constitution or standing orders or any other regulations or by-laws, the decision of the Board of Trustees which is normally reasonably set and upholding the philosophy and mission for founding ISM will be final and binding.

I WITNESS WHEREOF the parties hereto have set their hands on the day and year first above written.

SIGNED for and on behalf of the said ISM by (the Institute)

Signature \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_

P. O. Box 233 IFAKARA, MOROGORO, Tanzania

ISM STAMP

SIGNED and delivered by (the STUDENT):

Name \_\_\_\_\_ Signature \_\_\_\_\_

First Name \_\_\_\_\_ Initial Surname \_\_\_\_\_

House No \_\_\_\_\_ Name of Road / Street \_\_\_\_\_

Ward \_\_\_\_\_ District \_\_\_\_\_ P.O Box \_\_\_\_\_

City/Town/Village \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Country & Area Code \_\_\_\_\_ No \_\_\_\_\_

Email ID \_\_\_\_\_

Witness to the above signature:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

# INSTITUTE OF SOCIAL SCIENCE AND MANAGEMENT



## MEDICAL EXAMINATION CERTIFICATE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Address \_\_\_\_\_

Past History \_\_\_\_\_ Family History \_\_\_\_\_

### PHYSICAL EXAMINATION

- 1) Vision:  
1. RT eye \_\_\_\_\_ ii. LT eye \_\_\_\_\_
- 2) Respiratory System:  
1. ENT \_\_\_\_\_ ii. Chest \_\_\_\_\_ iii. Lungs \_\_\_\_\_ iv. Chest X-ray \_\_\_\_\_
- 3) Cardiovascular System:  
1. BP \_\_\_\_\_ ii. Pulse rate \_\_\_\_\_ iii. Heart \_\_\_\_\_
- 4) Digestive:  
1. Liver \_\_\_\_\_ ii. Spleen \_\_\_\_\_
- 5) Central nervous system  
1. Reflexes \_\_\_\_\_
- 6) Urinary Track System  
1. Kidney \_\_\_\_\_ ii. Bladder \_\_\_\_\_

Has the candidate been treated for psychological or nervous illness \_\_\_\_\_ has the candidate been successfully vaccinated \_\_\_\_\_

### LABORATORY ANALYSIS

|       |   |                    |                      |
|-------|---|--------------------|----------------------|
| URINE | - | Microscopy _____   | Pregnancy Test _____ |
|       | - | Multistix _____    | Serology _____       |
| STOOL | - | Microscopy _____   | Khan Test _____      |
| BLOOD | - | HGB _____          | Widal Test _____     |
|       | - | ESR _____          | ELISA Test _____     |
|       | - | WBC-Total _____    | TB Test _____        |
|       | - | Differential _____ | RBC _____            |
|       | - | Platelets _____    | Blood Group _____    |

I certify that I have examined the above patient and consider that he/she is physically and mentally fit/unit for student/travel/Abroad/Employment.

Doctor's Name \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_ Seal \_\_\_\_\_