



UNIVERSITY OF DAR ES SALAAM CONFUCIUS INSTITUTE



APPLICATION FORM FOR DIPLOMA IN CHINESE LANGUAGE PROGRAMME FOR NOVEMBER 2019 INTAKE

The Confucius Institute at the University of Dar es Salaam invites applications for admission to a Diploma in Chinese Language Programme (2 Years Full Time Programme) beginning in November, 2019.

1. Minimum Entrance Requirements

A candidate shall be considered eligible for admission to a Diploma in Chinese if he/she has one of the following qualifications:

- (i) Certificate of Secondary Education Examination (C.S.E.E.) with FOUR (4) passes in non-religious subjects and HSK (Chinese Proficiency Test, an international standardized Chinese test) Level II or with a NACTE recognized certificate in any field of study.
- (ii) Holder of Advanced Certificate of Secondary School Examination (ACSEE) with at least ONE Principal pass and Subsidiary.

2. How to access the Application Form

- (i) The Application forms are available at CI UDASM office (New Library Building). The forms can also be downloaded from the UDASM website (www.udsm.ac.tz)
- (ii) The application fee is Tshs. 10,000/= (which should be paid to CRDB Bank Account No: 0150396152200, Account Name: Confucius Institute - UDASM).
- (iii) The deadline for the application is on **September 30th, 2019.**

NOTE: NO ACCOMODATION WILL BE PROVIDED FOR THE PROGRAM.

For more details, please contact CI Administrator: Mob. 0784 991010, 0717930338
E-mail address: ci@udsm.ac.tz, jlulandala@hotmail.com



UNIVERSITY OF DAR ES SALAAM CONFUCIUS INSTITUTE



**APPLICATION FORM FOR DIPLOMA IN CHINESE LANGUAGE
PROGRAMME FOR NOVEMBER 2019 INTAKE**

Application form for Admission to Chinese Diploma Programmes for Academic Year 2019– 2020 for November Intake. Please Write in Block Letters.

I. PERSONAL INFORMATIONS

Note: The names entered in this form must be exactly the same as those appearing on your C.S.E.E (Form IV), not as it on any other academic certificates. If there is no surname or middle name in your certificate, please do not write it.

First Name		Nationality	
Middle Name		Postal Address	P.O. BOX
Last name		Region	
Gender		District	
Date of Birth		Country	
Place of Birth		Mobile Number	
		E-mail Address	

II. EDUCATION INFORMATION

Primary School		O-Level School	
Name of School		Name of School	
Index No.		Index No.	
Completion Year		Completion Year	
Region		Region	
A-Level School:		COLLEGE COURSE ATTENDED (if any):	
Name of School		Name of College	
Index No.		Registration Number	
Completion Year		Course Name	
Region		Completion Year	
		Region	

III. FINANCIAL SUPPORT FOR STUDIES:

Name of Sponsor	
Address	
District	
Region	
Country	
Phone Number	
E-mail Address	

IV. EMERGENCY CONTACT (Provide two names and addresses)

Contact Name 1		Contact Name 2	
Relationship		Relationship	
Postal Address		Postal Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

VI. DECLARATION

I declare that the information and documents provided are true and correct to the best of my knowledge. Signature of applicant Date

VII. APPLICATION PAYMENT AUTHENTICATIONS

Application fees payments through CRDB Bank Account No 0150396152200. Account name: Confucius Institute – UDSM.

VIII. FOR OFFICIAL USE ONLY

Remarks

Title: Signature:

Date:

NOTE:

Course cannot be run unless it has Fifteen (15) or more candidates.

Please Attach:

- Application fee payments slip receipt
- Certified copies of “O” level, “A” level and other courses certificate and transcripts.
- Duly completed medical examination form.
- Passport-size photograph (taken within the past six months)
- Certified Copy of Birth Certificate (affidavits are not acceptable)

UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR
ACADEMIC

DIRECTORATE OF UNDERGRADUATE STUDIES

P.O. BOX 35091 ♦

DAR ES SALAAM ♦ TANZANIA

Telephone: +255-022-2410500 Ext. 2057

Direct Line: +255-022-2410513

Telefax: +255-022-2410078



Telegraphic Address: UNIVERSITY OF DAR ES SALAAM

E-mail: dus@admin.udsm.ac.tz

Website Address: www.udsm.ac.tz

FORM "B" MEDICAL EXAMINATION

To be filled in duplicate and one copy to be kept by the University Health Centre and another copy to be presented for registration.

Surname Other
Names.....
Sex Age..... Marital
Status Citizenship.....
Collage/ School/Institute..... Course
Registered.....

A: PERSONAL HISTORY *(To be completed by the applicant)*

1. Have you ever suffered from any serious diseases or disorders? **(YES* / NO*)**

If **YES**

explain:
.....

2. Are you suffering from / having any conditions/disabilities that require necessary attention?
(YES*/NO*)

If **YES**

explain:
.....

I, declare that the information provided above is correct.

Date

Signature:

B : PHYSICAL EXAMINATION *(To be completed by registered medical practitioner)* **1: General Examination**

.....
.....

2: Systemic Examination

1. Central Nervous System
(CNS)
2. Respiratory System **(Attach evidence that you have been screened for Tuberculosis including Chest x-ray)**
3. Cardiovascular System
(CVS)
4. Gastrointestinal System
(GIS)
5. Genital Urinary System
(GUS)
6. Musculoskeletal System
(MSS) 7.
Others
(Specify).....
.....

3: Investigations, (Please Specify if Necessary and Attach Results)

(1)(2).....(3).....

C: CONCLUSION

I have examined Mr. / Miss /
Mrs. and
consider that **he*/she*** is physically and mentally **fit*** / **not fit*** to be admitted to the University for
higher studies.

Name of the examining physician:

Signature:

QualificationTitle:
.....

Date..... *Official*

Stamp: * **Delete whichever inapplicable**