



**AMANI COLLEGE OF MANAGEMENT AND
TECHNOLOGY (ACMT)**

P.O. BOX 958, NJOMBE, TANZANIA

Tel: 026-2782584, +255 755 549285, E-mail: elctsdacmt@gmail.com

Ref. No. _____

Date: _____

REF: APPLICATION FORM FOR THE ACADEMIC YEAR 2020/21

Dear Prospective Student,

We warmly welcome you to make an application for joining at Amani College of Management and Technology (ACMT). The College is a full registered institution under NACTE (**Reg.BTP/020**). ACMT is allocated in Njombe Town. This institution is owned by the Evangelical Lutheran Church of Tanzania -Southern Diocese “ **Kanisa la Kiinjili la Kilutheri Tanzania-Dayosisi ya Kusini**”, Njombe.

Recently the college offers five (5) programs which are:

Certificate and Diploma in Community Development

Certificate and Diploma in Information Technology

Certificate and Diploma in Business Administration

Certificate and Diploma in Theology

Certificate and diploma in Accountancy

Certificate and diploma in procurement and supply

The following are the necessary requirements and forms of application to various programs for the coming academic year 2020/2021. The application form costs 5,000/= Tshs and upon return of the form the applicant will pay 20,000/=Tshs as registration fee to NACTE.

The following items must accompany your applications:

Completed Application Form

Certified copy of “O” Level Certificate

Certified copy of “A” Level Certificate (**for diploma level**)

Certified copies of other Certificate(s) with Transcripts (**for diploma level**)

Completed Medical Examination Form

2 passport-size photographs (taken within the past six months)

Certified copy of Birth Certificate (affidavits are not acceptable).

NOTE: the student should have at least four passes which are D Of any subjects except four business administration must have D of basic mathematics following other subjects.

Only the attached form with the above requirements will be processed.

Deadline for submitting your application form will be on **24th February 2020**.

Regards,

Hezron nziku (0744 183 583)

Registrar & Admissions Officer

For: The Principal

Amani College of Management and Technology

**AMANI COLLEGE OF MANAGEMENT AND TECHNOLOGY
NJOMBE**



Form. No. ACMT/APP.1

Application for Admission to Certificate and Diploma Programmes for Academic Year 2018 – 2019. Please Write in Block Letters.

PERSONAL INFORMATION

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

Surname		Postal Address	
First Name		City	
Middle Name		Region	
		Country	
Gender			
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Nationality		E-mail Address	

II. EDUCATION INFORMATION

Primary school		O-Level School:		A-Level School:	
Name of School		Name of School		Name of School	
Completion Year		Index Number		Index Number	
Postal Address		Completion Year		Completion Year	
City		Postal Address		Postal Address	
Region		City		City	
Completion Year		Region		Region	

OTHER RELEVANT COURSES ATTENDED (if any):

Type of Course		Type of Course	
Name of College		Name of College	
City		City	
Region		Region	

III. EMPLOYMENT EXPERIENCE (if any):

1.	Name of Employer	
	Postal Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	
2.	Name of Employer	
	Address of Employer	
	Period of Employment	
	Occupation	
	Name of Supervisor	

IV. RELIGIOUS INFORMATION:

Religious affiliation (Dini)		Local Religious Leader and Address	
Denomination (Dhehebu)			

V. FINANCIAL SUPPORT FOR STUDIES:

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

VI. FAMILY INFORMATION

Name of Father		Postal Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Mother		Address	
Occupation		Employer	
Educational Level		Ethnic Identity	
Name of Spouse		Postal Address	
Occupational		Employer	
Educational Level		Ethnic Identity	
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	
Postal Address		Postal 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	
Postal Address		Postal Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

IX. ACADEMIC PROGRAMMES

Indicate your preference using numbers **1, 2 and 3** against the respective programme.

A: PROGRAMMES OFFERED AT ACMT - NJOMBE

	Certificate in Community Development (CCD)	
	Diploma in Community Development (DCD)	
	Certificate in Business Administration (CBA)	
	Diploma in Business Administration (DBA)	
	Diploma in Accountancy and Finance (DAF)	
	Diploma in Procurement and Material Management (DPMM)	
	Certificate in Information Technology (CIT)	
	Diploma in Information Technology (DIT)	

X. DECLARATION

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

Date..... Signature of applicant.....

XI. FOR OFFICIAL USE ONLY

Remarks.....

Title: Signature:

Date:

NOTE:

Students should arrange for their own accommodation.

For more information, please contact us: **0744 183 583 or 0755 549 285**

FEE STRUCTURE 2020 / 21

Dormitory Fees for ON CAMPUS only (for female students)	1st Installment 5 st September 2019	2nd Installment 1 nd January 2019	3rd Installment 5 th March 2019	4th Installment 3 st JUNE 2020	TOTAL
		50,000	50,000	50,000	50,000

CERTIFICATES					
Orientation Fees	30,000				30,000
Tuition Fees	180,000	120,000	180,000	125,000	600,000
Computer Fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000				10,000
Depreciation fee	50,000				50,000
NACTE Fees	15,000				20,000
Academic certificates cost				50,000	50,000
TOTAL	327,500	157,500	217,500	207,500	910,000

DIPLOMA – 1st YEAR					
Orientation Fees	20,000				20,000
Tuition Fees	240,000	160,000	240,000	160,000	800,000
Computer Fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000				10,000
NACTE Fees	20,000				20,000
Depreciation fee	50,000				50,000
TOTAL	377,500	197,500	277,500	197,500	1,050,000

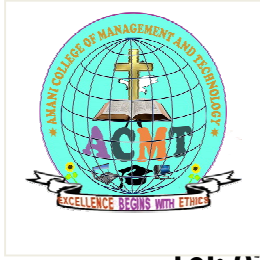
DIPLOMA – 2nd YEAR					
Tuition Fees	240,000	160,000	240,000	160,000	800,000
Computer Fees	37,500	37,500	37,500	37,500	150,000
NACTE Fees	20,000				20,000
Academic certificates cost				50,000	50,000
TOTAL	297,500	197,500	277,500	247,500	1,020,000

NB:

Course fees should be paid through: Amani College of Management and Technology Account No (Tanzania Postal Bank - TPB) 0260000774 /NMB 60610014632

Accommodation fees should be paid through: ELCT – SD – Women Bus, A/C No. (NBC): 039201054507

Student Activity fee of Tsh. 18,000/= should be paid through Amani University Project Students' Account No. (CRDB) : 0152350217700



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This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer or doctor. The completed form must be submitted along with all the other application materials.

**SECTION A
(TO BE COMPLETED BY THE APPLICANT)**

[Please Write in Block Letters] I. PERSONAL INFORMATION

Full Name	First: _____	Middle: _____	Last: _____	Marital Status	
Date of Birth	_____	_____	Gender	Programme	_____

II. PAST MEDICAL HISTORY

<p>(I) NERVOUS SYSTEM</p> <p>Any loss of consciousness? Yes / No If yes, dates of incident _____ Current treatment _____</p> <p>Any neurological deficiency? Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____</p> <p>Any fits? Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____</p> <hr/> <p>(II) MUSCULO-SKELETAL SYSTEM</p> <p>Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____</p> <hr/> <p>(III) OTHER CHRONIC CONDITIONS</p> <p>Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____</p> <p>Tuberculosis Yes / No If yes, when detected _____ Current status _____ Cured / On going treatment</p>	<p>Herpes Zoster Yes / No If yes, date of illness _____ Part of body affected _____</p> <p>Hypertension Yes / No If yes, when detected _____ Current treatment _____</p> <p>Asthma Yes / No If yes, when detected _____ Current treatment _____</p> <p>Allergies Yes / No If yes, date of last reaction _____ Cause of reaction _____</p> <p>Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____</p> <p>Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____</p> <p>Any Dietary Restrictions Yes / No If yes, state restriction _____</p>
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Please Note: The applicant is responsible for maintaining any dietary restrictions.

III. DECLARATION

I declare that all the information provided herein is true to the best of my knowledge.

Signature _____ Date _____

SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)

IV. VARIOUS TESTS

(i) GENERAL APPEARANCE

Height _____ Weight _____
 Blood Pressure _____ Pulse Rate _____
 Lymphnode Palpable _____
 Skin Appearance _____
 Throat Tonsils _____
 Teeth Dentition _____ Carious _____
 EARS:
 Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____
 EYES:
 Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(ii) CARDIO-RESPIRATORY SYSTEM

(C CHEST X-RAY FILM & REPORT ARE NEEDED)

Lung Fields _____ Breast Lumps _____
 Heart Size _____ Heart Sounds _____

(iii) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)

Contour: Sunken / Normal / Distended

Skin Scar _____

Umbilicus _____ Hernia _____

(iv) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No

If yes which part of the body _____

Type of deformity _____

V. LABORATORY

(i) BIOCHEMICAL

Fasting Blood Sugar _____
 Serum Creatinine _____
 Serum Aspartate T. _____
 Serum Alanine T. _____
 Blood Urea _____
 Uric Acid _____

(ii) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
 Widal Reaction if +ve treatment _____
 Contact with Human Immunodeficiency Virus Sero
 Conversion (Optional) _____

INVESTIGATIONS

(iii) HEMATOLOGY

(CULTA COUNTER)

Haemoglobin _____

White Cells Count _____

(iv) PARASITOLOGY

Stool Routine Examination _____

Treatment _____

Urinalysis & Sedment Microscopy _____

Treatment _____

Blood Smear for Protozoa, Hemoflagellats & Spirachaetae

Treatment _____

VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate

_____ and conclude that the candidate is / is not suitable to attend a three year

degree programme at Tumaini University, Iringa.

Signature with Official Stamp _____

Date _____