

# Dabaga Institute of Agriculture (DIA) P.O.Box 901 Iringa

E-mail: dabagachuo@gmail.com Website: www.dabagainstitute.com

Phone: 0763678029/0623754901/0753121734

## NMB BANK

Account Name: Dabaga Institute of Agriculture: Account No: 62310007709

## COURSE: CERTIFICATE IN ANIMAL HEALTH AND PRODUCTION

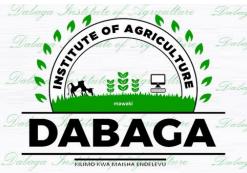
DABAGA INSTITUTE OF AGRICULTURE (DIA) Invites applications from qualified persons to apply for admission into its Certificate course programmer for the 2020/2021 Academic year. Applicant wishing to be enrolled should send his/her duly filled application form to the above postal or E-mail address or return it to the Institute directly for consideration.

### A. PERSONAL INFORMATION

First name	Permanent address
Middle name	City/region
Surname	Country
Sex	Phone number
Marital status	Fax number
Date of birth	E-mail address
Place of birth	Indicate if you have any disability
Religion	
Nationality	

#### B. EDUCATIONAL BACKGROUND

PRIMARY SCHOOL ATTENDED			
Year of completing standard seven			
SECONDARY SCHOOL(S) ATTENDED ( O'Level)		SUBJECTS	O'LEVEL SCORED GRADE
Year of completing form four		1. Chemistry	
Index number first sitting		2. Biology	
Index number for re-sitting		3. Agriculture	
Examination center		4. Physics	
		5. Nutrition	
Division and points		6. Geography	
Examining authority,	NECTA/OTHERS	7. Mathematics	
If not NECTA specify		8. Engineering science	
Name any other professional c	9. English		
Name of Institution	10. Kiswahili		
Course	11. Book keeping		
AwardGrade	12. Civics		
	13. History		
		14. Commerce	



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$\boldsymbol{C}$	FINA	NCIAL	<b>SPONSOR</b>
			171 1 7 3 7 7 7 1 7 1 7

Sponsor's name	
Occupation	
Postal address	
Phone number	
Fax number	
E –mail address	

## D. PEOPLE TO CONTACT IN CASE OF EMERGENCY

Name	Name	
Relation	Relation	
Postal address	Postal address	
Phone number	Phone number	
Fax number	Fax number	
E –mail address	Email address	

All the information	provided	herein is	true to the	e best of my	y knowledge	and belief

Applicant's Signature	Date
Applicant's Signature	Date Date

#### F. FOR OFFICIAL USE ONLY

E. DECLARATION

Application number
Decision of the selection committee

NOTE: Attach copies of relevant Academic certificates, transcripts and Birth certificate. Attach also a copy of your pay-in slip for this application (i.e Tshs 30,000/=of which Tshs 20,000/=is for NACTE registration and Tshs 10,000/= for transactions at the Institute)