

**HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)**  
**Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)**

Tel: 255-22-2700021/4

Fax: 255-22-2775591



322 Regent Estate  
P. O .Box 65300  
Dar es Salaam.  
Tanzania

E-mail: [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

**APPLICATION FORM FOR POSTGRADUATE PROGRAMME OF STUDY LEADING  
TO M.MED DEGREE AND POST GRADUATE DIPLOMA**

APPL NO. \_\_\_\_\_

STICK ONE  
PASSPORT  
PHOTOGRAPH

**Please type or write in block letters**

**1. PERSONAL DETAILS**

1.1. First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname/Family name \_\_\_\_\_

1.2. Sex \_\_\_\_\_

1.3. Date of Birth \_\_\_\_\_

1.4. Place of Birth \_\_\_\_\_

1.5. Tribe \_\_\_\_\_ Region \_\_\_\_\_

1.6. Nationality \_\_\_\_\_

1.7. Marital Status \_\_\_\_\_

1.8. Permanent Address \_\_\_\_\_

1.9. Telephone No/Fax \_\_\_\_\_

1.10. E-mail address \_\_\_\_\_

1.11. Current address for correspondence including the telephone/fax number/email  
address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.12. Next of Kin \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address of the next of Kin \_\_\_\_\_

Telephone \_\_\_\_\_

2. **ACADEMIC QUALIFICATIONS**

Please list all first Degrees, Higher degrees and any other qualifications obtained since leaving High school with dates.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

Please give full names of all institutions in the spaces provided above. You must include details of all courses commenced, whether or not the course was completed.

Copies of certificates and transcripts of the academic record or official statement of courses taken, together with confirmation of qualifications should be attached to this application. Certificates should include internship and registration. (Certified copies are acceptable at the initial application stage). Originals will be required on the registration date.

3. **RESEARCH EXPERIENCE AND EMPLOYMENT**

3.1 Research experience and other relevant work (NONE if none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.2 Please give details of any employment with dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.3 None academic interests

\_\_\_\_\_  
\_\_\_\_\_

4. **CONCERNING PROPOSED FIELD OF STUDY**

Application should provide a description of the study proposed, giving details of both the aims of their studies. You also should explain why you wish to follow that particular type of studies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Referees**

Two confidential academic referee forms are attached. Fill these forms as instructed and send them to your referee who will fill his / her part and send them to us.

Please give names and addressees of your two academic referees

(1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. SOURCE OF FUNDING**

6.1 Financial Provision for your course

All applicants must show that they have at least provisionally secured financial support for the duration of their course. Failure to provide the required financial information will seriously delay consideration of your application.

6.2 Please indicate the source of finance for the payment of your tuition fees by ticking the appropriate box.

Self financing \_\_\_\_\_ Being Sponsored \_\_\_\_\_ (tick only one)

Name and address of sponsor (if you are being sponsored)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior to registration you will be required to produce a written confirmation of sponsorship/financial guarantee form and send it to the return address below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN ADDRESS**

Return this form with additional relevant documents that may be required to:

**The Deputy Vice-Chancellor for Academic Affairs**  
**Hubert Kairuki Memorial University**  
**P.O. Box 65300**  
**Dar es Salaam**  
**Tanzania**  
**E-mail: admissions@hkmu.ac.tz**  
**Fax: 255-22-2775591**

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**REFERENCE FORM 1**

**A. TO THE CANDIDATE**

FULL NAME.....  
(Please underline your Family name)

Permanent home address.....  
.....  
.....

1. Degree for which you wish to study.....
2. Proposed date of commencement of study.....

**B. TO THE REFEREE**

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a confidential opinion of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

1. Name of referee.....
2. Address.....
3. Position.....

**Please return this form to the Deputy Vice Chancellor for Academics on the above address.**

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**REFERENCE FORM 2**

**A. TO THE CANDIDATE**

FULL NAME.....  
(Please underline your Family name)

Permanent home address.....  
.....  
.....

3. Degree for which you wish to study.....

4. Proposed date of commencement of study.....

**B. TO THE REFEREE**

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a confidential opinion of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

4. Name of referee.....

5. Address.....

6. Position.....

**Please return this form to the Deputy Vice Chancellor for Academics on the above address.**