



PRINCIPAL
ECASSA Institute of Social Protection
Summit Centre, Sokoine Road
P.O.Box 1394 Arusha – Tanzania
Tel: +255 27 2970 301
Cel: +255 785 422 647/ +255 715 574 157
E-mail: principal@ecassa.org
Website: www.eisp.ac.tz

ECASSA INSTITUTE OF SOCIAL PROTECTION (EISP)
APPLICATION FOR ADMISSION FOR ACADEMIC YEAR - 2021/2022
(SEPTEMBER 2021 INTAKE)

**Attach one
recent passport
size
photograph**

Ref No. -----

This form must be filled and sent to reach the admission office on or before 25st July 2021

1. PERSONAL INFORMATION

Official Names: *the names entered on this form should be the same as those on your academic certificates.*

(a) NAME: -----
(First) (Middle) (Last)

Present Address: Box-----, District-----, Region-----

Mobile No: ----- Email: -----

Date of Birth: ----- Place of Birth: -----Nationality: -----

-----, Place of Residence: -----

(b) MARITAL STATUS:

Tick appropriate box

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Separated	<input type="checkbox"/>
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(c) NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: -----, Postal Address-----, Telephone
number: Home-----, Mobile No. ----- Email: -----
Relationship-----

(d) NEXT OF KIN

Tick appropriate box

Full Name	Address	Email	Phone no
Association as e.g Father			

2. PROGRAMME AND COURSE APPLIED FOR: (Please tick your choice in the Black Space)

- Basic Technician Certificate in Social Protection (BTCSP)_____
- Technician Certificate in Social Protection (TCSP)_____
- Ordinary Diploma in Social Protection (ODSP)_____

3. ENTRY FOR APPLICATION

Ordinary Level Secondary Education

Index No: _____ Year completed: _____

School Name: _____

A level secondary education:

Index No: _____ Year completed: _____

School Name: _____

College-NTAs/Equivalent

Nacte Registration Number (Text)_____ Year_____

College Name: _____

Programme _____

4. EDUCATIONAL BACKGROUND

LEVEL	DURATION From - To	SCHOOL/COLLEGE/UNIVERSITY	AWARD RECEIVED
UNIVERSITY			
COLLEGE			
A - LEVEL			
O-LEVEL			

5. WORK EXPERIENCE

DURATION From - To	ORGANIZATION/COMPANY/INSTITUTION	POST HELD

6. MODE OF SPONSORSHIP

Tick the option which is applicable for you:

- Private Sponsorship ()
- Others (specify)-----

Name, Address and Telephone number of Sponsor-----

Signature of Sponsor-----Date-----

7. PHYSICAL DISABILITY/ CHRONIC DISEASE

Please, indicate if you have any physical disability or chronic disease. Yes () No ()
If yes, explain briefly where necessary. Note that; information about your disability or illness will not jeopardize your chances of being selected.

IMPORTANT NOTE

Download the application form online through the institute’s official website www.eisp.ac.tz. Complete the form and send the scanned copy of the form together with certified true copies of academic certificate(s)/result slip(s)/transcript(s), birth certificate and copy of the bank slip for a non-refundable application fee of Tsh. 10,000 via the email or postal address above.

8. PAYMENT DETAILS

Application fee should be paid to the following bank account(s);

Bank Name: Azania Bank– Arusha Business Centre, Tanzania

Name of Account: ECASSA Institute of Social Protection

Account No. (TZS): 022000009276

Account No. (USD): 022010001729

Swift Code: AZANTZTZ

9. DECLARATION BY THE APPLICANT

I do solemnly affirm and declare that all information given in this Admission Application Form is true and correct to the best of my understanding and belief. I do understand that any wrong information may result in the cancellation of my Admission and Registration with the EISP.

I also declare that, I am an applicant for admission to study at the EISP and if admitted I shall observe all regulations, rules and directives issued by the Institute.

I also declare that, I understand that any tuition, registration or examination fee(s) once paid to EISP shall not be refunded in any circumstances whatsoever.

Applicant: ----- Date: -----

FOR OFFICIAL USE ONLY

Date of receipt	
Application fee(s) receipt number	
Amount	
Received by (Name and Signature)	