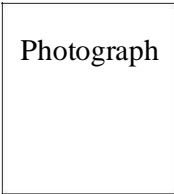




**INDIAN INSTITUTE OF FOREIGN TRADE**



*Last date for submission 15th January 2017*

*Application for academic year 2017/18*

**APPLICATION FORM FOR ADMISSION INTO  
MBA - INTERNATIONAL BUSINESS  
OF THE INDIAN INSTITUTE OF FOREIGN TRADE (IIFT) TAUGHT AT  
THE INSTITUTE OF FINANCE MANAGEMENT (IFM)  
DAR ES SALAAM, TANZANIA.  
EVENING & WEEKENDS ONLY (2 YEARS)**

1.0 Candidate's Personal Information

Surname.....FirstName.....  
Middle Name.....  
Date of Birth.....Place of Birth .....

2.0 Candidate's contact information

A. Home Address

.....  
.....  
.....

B. Mailing Address

.....  
.....

C. \*E-mail Address .....

D. \*Phone Number.....

3.0 Name and address of next of kin

.....  
.....

*\*please provide active email address and phone number as they will be used to contact you for interview after being short listed*

4.0 Nationality: .....

5.0 Details of passport & residence permit (for non-Tanzanians only)

.....  
.....

6.0 Application fee of Tsh. 50,000 must be paid to IFM's Bank Account No: 01J1042984102 at CRDB Bank Plc and bank pay in slip submitted for receipt at IFM cash office No 320

Block A.

Receipt No ..... Date .....

(Please attach the receipt)

7.0 Particulars of Educational Qualifications: (Please attach photocopies)

Qualifications	Name of School/Institution	Subjects/Courses Taken	Dates		Award/Grade Obtained
			From	To	
'O' Level					
'A' Level					
Adv. Diploma					
1 <sup>st</sup> Degree					
Postgraduate Diploma					

8.0 Particulars of Professional Qualifications: (Please attach photocopies)

Name of Professional Training Institution(s)	Subject (s)	Dates		Qualifications Obtained
		From	To	

9.0 Particulars of Employment: (Please attach photocopies)

Post Held	Name of Employer	Dates		Reasons for Leaving
		From	To	

10.0 Sponsor’s Nomination and Certification (ie. Organization, Parents, Self-Sponsorship, etc).

The undersigned (Name of the Sponsor) .....nominates  
 (Name of Applicant) ..... For  
 (Name of the Course)..... and if accepted, I undertake to  
 pay all expenses relating to the course.

- 1 Certify that the information supplied by the applicant of this form, and the enclosures herein are correct.
- 2 Certify that the applicant. If accept as a participant in the course, will receive leave of absence for the duration of the course.
- 3 Certify that the applicant, if accepted, will be given no other duties or assignment that would conflict with devoting fulltime and attention to the course.

Sponsor’s signature:.....Date:.....

Place: .....

Sponsor’s Title.....

Official Stamp:

11.0 Declaration

I declare all the information given above is true and correct to my knowledge and undertake to comply with rules and regulations of IFM and IIFT.

Applicant's Signature:.....

Date:.....

FOR OFFICIAL USE ONLY:

Recommended/Not Recommended for Admission

Approved/Rejected

Head-Collaborative Programmes, IFM.

Signature: ..... Date .....

Programme Coordinator, IIFT.

Signature:.....Date.....

Apply timely to:

The Rector,

The Institute of Finance Management,

P.O.Box 3918,

Dar Es Salaam.

Tanzania

CONTACTS:

Telephone: +255-22-2124098

+255-22-2112931/4

Fax: +255-22-2112935

Email: [rector@ifm.ac.tz](mailto:rector@ifm.ac.tz) or

[dean.fems@ifm.ac.tz](mailto:dean.fems@ifm.ac.tz)

Web address: <http://www.ifm.ac.tz>