



## World Miracle Mission Centre- Elumaka Foundation College

P.O.BOX 47, BUKOMBE, GEITA, TANZANIA, Admission: +255-764-397 265

General: +255 684 637 782: E: [pastorjustice@gmail.com](mailto:pastorjustice@gmail.com): W: [www.worldmiraclemission.org](http://www.worldmiraclemission.org)

---

### APPLICATION FORM FOR ADMISSION INTO PRE-NURSING PROGRAMMES

*Please fill in the form carefully using block letters*

#### 1.0 PERSONAL INFORMATION

Surname.....

First name ..... Middle Names.....

**NOTE:** *The names entered on this form must be the same as those on your official Examination certificates.*

Sex (*Tick the appropriate box*) Male  Female

Date and Place of Birth: Date..... Place of birth.....

Citizenship ..... Religion.....

Marital status: (*Tick the appropriate box*) Single  Married  Widow

Passport No. (*Non-Tanzanian*): .....Place of issue.....

Date of issue..... Date of expiry .....

Mailing (Home) Address: .....

Work Address.....

Tel. Number ..... Email.....

Any disability? None /Physical /Visual/ Hearing /Speech: .....

.....

Name and address of next of kin to be notified in case of emergency (state relationship):

.....

.....

*(Please note that this information is only required for the College to assist you once you are admitted)*

**2.0 ACADEMIC QUALIFICATIONS**

<b>SECONDARY EDUCATION</b>		
<b>Name of School</b>	<b>Award</b>	<b>Year of completion</b>

*NOTE: Certified copies of transcripts must be enclosed.*

**3.0 EMPLOYMENT RECORDS**

Particulars of your employment since leaving School or College including periods of training, apprenticeship, self-employment or unemployment, starting with the most recent.

<b><u>EMPLOYER</u></b>	<b><u>POSITION</u></b>	<b><u>When (Month/Year)</u></b>
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....

**4.0 ACADEMIC REFEREES**

Provide names and address of two suitable academic referees

Name:.....	Name:.....
Address:.....	Address:.....
Mobile No. ....	Mobile No. ....
Email:.....	Email:.....

**5.0 FINANCIAL SUPPORT FOR STUDIES**

My employer or Any other Sponsor (Name).....

Rank..... On behalf of .....

Tel:..... Email:.....

Signature:.....

**EMPLOYER’S/SPONSOR’S CERTIFICATE**

We/I..... Approve the above applicant and hereby confirm that the candidate will be released (from employment etc.) for the purpose of attending the course for the whole of the required period.

We further confirm that our Corporation/Company/Family/ Organization/ Ministry will sponsor the candidate if accepted and pay the College fees as indicated on the Fee Structure and as may be amended from time to time.

We also undertake to confirm that the applicant is physically fit and that he/she has no criminal records to the best of our knowledge.

Any other comments.....  
.....

**6.0 ACADEMIC PROGRAMMES**

*(Indicate your preference by ticking the course of your choice)*

<b>NO.</b>	<b>NAME OF PROGRAMMES</b>	<b>TICK</b>
1	Certificate in Pre-Nursing Studies	
2	Ministry Certificate in Bible Studies	
3	Ministry Certificate in Evangelism	
4	Ministry Certificate in Church Planting	
5	Certificate in Nursery school Teaching	
6	Certificate in Records Management	
7	Certificate in Computer Science	
8	Certificate in Secretarial Studies	
9	Basic Technician Certificate in Masonry	
10	Basic Technician Certificate in Construction	
11	Basic Technician Certificate in Business Administration	
12	Basic Technician Certificate in Procurement	

**7.0 DECLARATION**

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

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

**8.0 FOR OFFICIAL USE ONLY (Tick as appropriate)**

Certificates

Transcripts

Application Fees

Remarks:.....

.....

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

**NOTES:**

1. Please fill this form from Page 1 – 4 and also attach:
  - Certified copies of “O” Level, “A” Level and other courses certificate and transcripts.
  - A copy of application fee payment slip must be submitted to College’s Financial Department or attached to the Application Form.
  - Applicants must affix a photograph on the space provided. Application form without a photograph will not be considered
2. Every application must pay a non-refundable Application Fee of **Tshs 40,000** through the College’s bank account (**Dar es Salaam: WORLD MIRACLE MISSION CENTRE CRBD A/C No. 0150 222 9696 00**)
3. For more information about admissions requirements please see the current information from our website ([www.efoco.ac.tz](http://www.efoco.ac.tz)) of College of Business Education.