

e) Organization Telephone No +255 22 266 7205 .....f) Fax No .....

g) Email skimambo@pedaids.org .....

h) Summary of Responsibilities Project Manager for the Arusha project office, responsible for :  
 Providing overall leadership and management of overall project implementation of the USAID Afya Yangu project in Arusha region  
 Leading the project team in planning, execution, monitoring, documentation, and reporting.  
 Providing Regional project representation and relationship management with different stakeholders.

#### 4. PREVIOUS WORK EXPERIENCE

JOB TITLE	NAME OF EMPLOYER	YEAR	
		FROM	TO
HIV Integration Advisor	Pact Tanzania	2020	2022
Associate project Manager	EGPAF	2016	2020

#### 5. DECLARATION

I certify that the information I presented above is correct to best of my knowledge and belief. If selected, I undertake to abide by rules and regulations of the BBA programme and the fees thereof.

  
 Signature

13 July 2023  
 Date

#### 6. ENDORSEMENT BY SPONSOR

This organization/Institution will meet the nominee's tuition and other fees required for the Masters programme. Tuition fees for the two years' study is ..... (this excludes books, travel, accommodation and field research work. The costs of these additional costs vary from center to center and will be provided to the sponsor on request)

Name of sponsoring Organization: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION  
 Contact person; Name: LUCINA MBUYA  
 Position: SENIOR MANAGER HUMAN RESOURCES AND ADMINISTRATION  
 Full Address: P.O.BOX 1628, 395 URSINO, 2 MWAIKIBAKI ROAD, DAR ES SALAAM  
 Telephone: +255 22 266 7205 Cell: 0769266363  
 Fax: .....  
 E-mail: lmbuya@pedaids.org

  
 Signature and official stamp

ELIZABETH GLASER  
 PEDIATRIC AIDS FOUNDATION  
 TANZANIA

18-07-2023  
 Date



## POST GRADUATE APPLICATION FORM

Programme Applied for i) MBA ( )  
ii) MBA( TELM) ( )  
iii) MBA( HRM) ( )  
iv) MBA (CUSTOMS) ( )  
v) MPA ( )  
vi) Msc. Project Management (X)

Preferred Venue of study ARUSHA.....

### 1. PERSONAL DATA

Surname MAKOKO..... Fore Names CHARLES KABWE.....  
Date of Birth 02 JAN 1988..... Sex MALE.....  
Contact Address P.O.BOX 598 USARIVER, ARUSHA.....  
Town ARUSHA..... Country TANZANIA.....  
Telephone +255759090187..... Fax .....  
Mobile ..... E-mail ckmakoko@gmail.com.....  
Nationality/ Citizenship TANZANIAN.....

### 2. EDUCATION /ACADEMIC QUALIFICATIONS

(Start with the highest qualification)

SCHOOL/ INSTITUTION	EDUCATION/PROFESSIONAL QUALIFICATIONS OBTAINED	YEAR		FIELD OF STUDY
		FROM	TO	
MUHIMBILI UNIVERSITY	DOCTOR OF MEDICINE(MD)	2007	2013	DOCTOR OF MEDICINE(MD)

### 3. WORK EXPERIENCE

Present Occupation

a) Job title SENIOR STRATERGIC RESULTS MANAGER.....  
b) Name of Organization/ Company / Government Ministry ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION.....  
c) Organization postal Address P.O.BOX 1628 DAR ES SALAAM.....  
d) Organization postal Address.....