POST GRADUATE APPLICATION FORM

Programme Applied for:-

i) MBA (✓)
ii) MBA(TELM) ( )
iii) MBA(HRM) ( )
iv) MBA (Customs) ( )
v) MPA ( )
vi) Masters in Project Management ( )

Preferred venue of study ..... DODOMA / ARUSHA .....

1. Personal Data

Surname ..... MPONA ..... Forenames ..... FERDINAND MUNDAA .....
Date of birth ..... 30.5.1977 ..... Sex ..... M .....
Contact address ..... P. O. Box 211 - NMB BANK - MUHAYO BRANCH .....
Town ..... TABORA ..... Country ..... TANZANIA .....
Telephone ..... 0222324651 ..... Fax ..... — .....
Mobile ..... 0754082448 ..... E- mail .....
Nationality/ Citizenship ..... TANZANIAN .....

2. Education /Academic Qualifications

(Start with the highest qualification)

SCHOOL / INSTITUTION	DEGREE OR OTHER QUAL-IFICATIONS OBTAINED	YEAR		FIELD OF STUDY
		FROM	TO	
SOKOINE UNIVERSITY of AGRICULTURE	DEGREE	2000	2004	Agriculture
MWENGE HIGH SCHOOL	ACSEE	1997	1999	PCB - A-Level
MWENGE SEC SCHOOL	CSEE	1993	1996	O Level

3. Work Experience

Current Occupation
a) Job title ..... BRANCH MANAGER .....
b) Name of Organization/Company/Government Ministry ..... NMB BANK PLC .....
c) Organization postal address ..... P. O. Box 9213 - DAR ES SALAAM .....
d)Organization telephone no ..... 0222232000 ..... f) Fax no ..... — .....
e) Email ..... info@nmbbank.co.tz .....
f) Summary of responsibilities ..... Managing and leading branch staff to provide Excellent Customer Services .....

4. **Previous Work Experience**

JOB TITLE	NAME OF EMPLOYER	PERIOD	
		FROM	TO
1 Branch Manager	NMB Bank	2011	To date
2 Manager, Customer Experience	NMB Bank	2009	2010
3 Relationship Officer (MSME)	NMB Bank	2005	2009

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 masters programme and the fees thereof.

..... 11/04/2022

Signature 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: .....
Contact person; Name: .....
Position: .....
Full Address: .....
Telephone: ..... Fax: ..... E-mail: .....

.....

Signature and official stamp

.....

Date

NB It is self Sponsorship.