

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 MUNDA
 Date of birth 30.5.1977 Sex M
 Contact address P.O. Box 211 - NMB BANK - MUYO 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	
<u>SOKOINE UNIVERSITY OF AGRICULTURE</u>	<u>DEGREE</u>	<u>2000</u>	<u>2004</u>	<u>Agriculture</u>
<u>MWENGE HIGH SCHOOL</u>	<u>ACSEE</u>	<u>1997</u>	<u>1999</u>	<u>PCB - A level</u>
<u>MWENGE SEC SCHOOL</u>	<u>CSEE</u>	<u>1993</u>	<u>1996</u>	<u>O level</u>

3. Work Experience

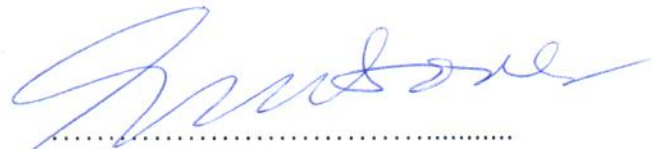
Current Occupation BRANCH MANAGER
 a) Job title
 b) Name of Organization/Company/Government Ministry NMB BANK PLC
 c) Organization postal address P.O. Box 9213 - TTG - Dsm
 d) Organization telephone no 02227322000 f) Fax no -
 e) Email info@nmbbank.co.tz
 f) Summary of responsibilities Managing and leading
branch staff to provide excellent
customer service

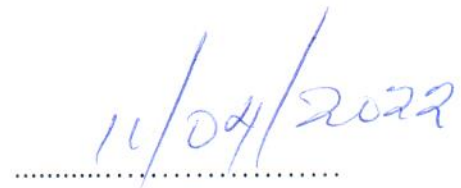
4. Previous Work Experience

	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.


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.
