

# DAR ES SALAAM MARITIME INSTITUTE



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Email: [info@dm.ac.tz](mailto:info@dm.ac.tz). Website: <http://www.dmi.ac.tz>

## APPLICATION FOR ADMISSION (POSTGRADUATE)

### INSTRUCTIONS

1. Complete all sections of the Application for Admission form.
2. Print clearly in block letters using a blue or black pen
3. If you wish to apply for more than one course, you must submit a separate Application for Admission form and supporting documents for each course.
4. Mail the completed Application for Admission form with all supporting documents, before the closing date to;

**The Principal**

**Dar es salaam Maritime Institute  
Department of Postgraduate Studies  
P.O Box 6727, Dar es Salaam, Tanzania.**

Application form can also be scanned and emailed to [apply@dm.ac.tz](mailto:apply@dm.ac.tz)

5. All applications must include clear copies of the following documents
  - ✓ Certified copies of certificates and transcripts of any post-secondary or tertiary studies indicating the subjects attempted, grades obtained and proof of completion.
  - ✓ Certified copies certificates and transcripts of undergraduate courses completed.
6. This application form must be accompanied with a bank pay-in slip of 30,000 TZS as a proof of payment.

Application No: \_\_\_\_\_

## PRIVACY INFORMATION

The Personal Information written on this form in order to be admitted to the Institute Postgraduate Course is governed by the Dar es Salaam Maritime Institute privacy and personal information protection policy. Your information will only be used to assess your eligibility for admission and for the administrative functions within the Institute.

The Personal Information you provide will not be disclosed to any other person or organization outside the Institute or for any other purpose without your consent or where authorized by law, and will be disposed of in accordance with Government regulations.

You may ask to amend any of the information we hold about you or add comments or explanation in relation to the information we hold on you. To accomplish this please write to

**The Principal**

**Dar es salaam Maritime Institute  
Department of Postgraduate Studies  
P.O Box 6727, Dar es Salaam, Tanzania.**

## PERSONAL DETAILS

Title  Mr  Mrs  Ms  Miss  Dr

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Gender:  Male  Female Nationality: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Birthday(mm/dd/yyyy): \_\_\_\_\_

ID Type:  National ID  Driving  Voter's ID  Passport

ID Number: \_\_\_\_\_ Country Issued: \_\_\_\_\_

First language \_\_\_\_\_

## CONTACT INFORMATION

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

## BASIC EDUCATION BACKGROUND

### O-Level Education

Name of School Attended: \_\_\_\_\_

Index Number: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

### A-Level Education

Name of School Attended: \_\_\_\_\_

Index Number: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

## HIGHER EDUCATION BACKGROUND

### UNIVERSITY EDUCATION

Name of University: \_\_\_\_\_

Title of Degree: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

Area of specialization: \_\_\_\_\_

### OTHER ACADEMIC QUALIFICATION (S)

INSTITUTION/UNIVERISTY	QUALIFICATIONS	DATE OBTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you Currently Studying?

Yes

No

If Yes, Please give us more details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## APPLICATION INFORMATION

### PROGAMME OF STUDY

POSTGRADUATE DIPLOMA IN LOGISTICS AND SHIPPING MANAGERMENTS

POSTGRADUATE DIPLOMA IN NAUTICAL SCIENCE

POSTGRADUATE DIPLOMA IN MARITIME LAW

POSTGRADUATE DIPLOMA IN MARINE ENGINEERING TECHNOLOGY

POSTGRADUATE DIPLOMA IN MARINE ELECTRICAL POWER TECHNOLOGY

## FINANCIAL DETAILS

How will you be financing your studies?

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## REFEREE

There should be 2 references, (1) Two academic and (1) One professional and you are to indicate the names and address of each referee in this section and also ensure that references from these people reach the Directorate in good time. Soliciting for references to support your application is your responsibility. Your application is incomplete without supporting references.

### Academic referee

**Name:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_

### Professional referee

**Name:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

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## OTHER INFORMATION

If you wish to give additional information to support your application, please do so on the space provided or on a separate sheet and append a copy to each of your application forms.

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**NOTES**

ALL APPLICANTS should note that the Institute reserves the right to make without note changes in regulations, courses, and fees at any time before or after a candidate’s admissions. Admission to Dar es salaam Maritime Institute is subject to the requirements that the candidate will comply with the Institute registration procedure and will dully observe the Ordinances and Regulations from time to time in force.

**DECLARATION**

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have enclosed the required documents (certified copies of certificates, transcripts and supporting documents). I am aware that intentionally or negligently providing false information constitutes and administrative offence and may lead to exclusion from the admission procedure or -if discovered at a later date- to the cancellation of my admission or enrolment. I confirm that I have read and understand the privacy information on this form.

\_\_\_\_\_

NAME SIGNATURE

**FOR OFFICIAL USE**

**Date of receipt of Application** \_\_\_\_\_

**Receipt Number of Application Fee** \_\_\_\_\_

**Date result Communicated** \_\_\_\_\_

**Document Received** \_\_\_\_\_

**Application Number** \_\_\_\_\_

**Final comments**

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**ACCEPTED/REJECTED**

\_\_\_\_\_

HEAD OF DEPARTMENT’S NAME SIGNATURE