

ROYAL TRAINING INSTITUTE

REG. NO: REG/HAS/103

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Tel: 0713-353310
0688-353310
0713-325507
0762-600481

DATE

COURSE APPLICATION FORM

PLEASE TICK WHICH COURSE YOU WOULD LIKE TO APPLY

- ☐ DIPLOMA IN PHARMACEUTICAL SCIENCES (PHARMACY) (2-3 YEARS)
☐ CERTIFICATE IN LABORATORY ASSISTANCE (2-3 YEARS)
☐ HOME ELECTRICAL INSTALLATION (3-6 MONTH SHORT COURSE)
☐ AIR CONDITION AND REFRIGERATION (3-6 MONTH SHORT COURSE)
☐ BASIC COMPUTER APPLICATION (3 MONTH SHORT COURSE)

A. DETAILS OF APPLICANT:

1. Surname
2. Given name
3. Marital status
4. Nationality
5. Date of birth (Day, Month, Year)
6. Gender
7. Permanent Address & Tell. No. District Region:
8. Email: Tell. No.

B: QUALIFICATION ATTAINED RELEVANT TO THIS COURSE. (ATTACH COPIES OF RELEVANT CERTIFICATES)

Type of course	Duration of course	Award (certificate)	Class and Division	Date of award	Name of School/Institute
PRIMARY	7 YEARS				
O – LEVEL	4 YEARS				
A – LEVEL					

Form IV Examination Index Number: S:
P:

C: DETAILS OF WORK EXPERIENCE

Date	Employer	Position	Nature of work

9. List your daily responsibility

.....

10. Do you have any Physical or other disability which might necessitate special arrangements?

I certify that the information given above is correct.

Signature Date

11. Name Of Sponsor/ Guardian :

..... I certify that the qualification declared by the Candidates
 are correct and have seen the original certificates.

Tell. No. Mobile No:

Signature Date

NOTE: A FEE OF 30,000/= TSHS. (20,000/= NACTE + 10,000/= APPLICATION FORM) SHOULD BE PAID AT

BANK	ACCOUNT NAME	ACCOUNT NUMBER
NMB BANK	Royal Pharm and Med Services Ltd.	22410036868
AKIBA COMMERCIAL BANK	Royal Pharmaceutical and Medical Services Ltd.	10700060778

THE PAYMENT SLIP ATTACHED WITH THIS FORM ON RETURN.

OR PAYMENT CAN BE DONE BY

- M-Pesa via 0765 104 700
- Tigo Pesa via 0675 154 975

“Welcome to Royal Pharmaceutical Training Institute”