

# VOCATIONAL EDUCATION AND TRAINING AUTHORITY



## MOROGORO VOCATIONAL TEACHERS TRAINING COLLEGE (MVTTC)

### APPLICATION FORM

### ORDINARY DIPLOMA IN TECHNICAL AND VOCATIONAL TEACHER EDUCATION AND CERTIFICATE OF ASSISTANT VOCATIONAL TEACHER

### ACADEMIC YEAR 2024/2025 FOR IN-CAMPUS AND OPEN AND DISTANCE LEARNING (ODL) MODE

ATTACH  
RECENT  
PASSPORT  
SIZE PHOTO  
HERE

#### 1. PERSONAL DETAILS (Tick where applicable)

TITLE	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>
FIRST NAME	_____	MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/>
MIDDLE NAME	_____	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
SURNAME	_____	PLACE OF BIRTH	_____
DATE OF BIRTH	_____	DISTRICT	_____
NATIONALITY	_____	REGION	_____

	Yes (✓)	No (✓)	If "Yes", indicate the type of disability below. (Tick where applicable)
Do you have any disability that will need special attention?			Visual impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Albinism impairment <input type="checkbox"/> Mental impairment <input type="checkbox"/> Autism impairment <input type="checkbox"/>

IF NOT INDICATED ABOVE PLEASE SPECIFY: \_\_\_\_\_

NATIONAL IDENTIFICATION NUMBER (NIN): \_\_\_\_\_

#### 2. CONTACT DETAILS

Postal address:	Next of kin name:
Physical address (Place of domicile):	Relationship:
District:	Next of kin address:
Region:	Telephone no.:
Telephone no.:	Fax:
Fax:	Mobile phone no.:
Mobile phone no.:	Email address:
Email address:	

#### 3. PROGRAMME OF STUDY

S/N	Course title	Tick (v)	
		In-campus	ODEL
a.	Certificate of Assistant Vocational Teacher (CAVT)		
b.	Ordinary Diploma in Technical and Vocational Teacher Education (OD- TVTE)		

#### 4. ODeL CENTER FOR STUDY

S/N	Zone Name	Center Name	Tick (v)	S/N	Zone Name	Center Name	Tick (v)
a.	NOTHERN ZONE	MOSHI RVTSC		b.	HIGHLAND ZONE	IRINGA RVTSC	
c.	LAKE ZONE	MWANZA RVTSC		d.	DAR ES SALAM	DAR ES SALAAM RVRSC	
e.	CENTRAL ZONE	DODOMA RVTSC		f.	WESTERN ZONE	VETA TABORA	

**5. ACADEMIC QUALIFICATION**

Name of school	Qualification	Index /Registration number	Year completed
	Primary		
	O-Level		
	A-Level		

**6. PROFESSIONAL QUALIFICATION**

Name of institution	Vocational / Technical Award (example Certificate in Masonry and brick laying)	Index /Registration number	Year completed

**7. EMPLOYEMENT STATUS (Tick where applicable)**

Are you currently employed? (if "Yes" fill accordingly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name of organization</b>	<b>Current job position</b>	<b>Date of employment</b>

**8. SPONSORSHIP DETAILS (Tick where applicable)**

S/N	Sponsorship description	Tick (v)	Name of Sponsor
1	My employer		
2	Other Organization		
3	Myself		

**9. INSTRUCTIONS**

- Fill this form completely and attach photocopies of your academic certificates, professional course certificates, transcripts, and birth certificate.
- The course application fee is Tsh. 10,000/= or 10 USD non-refundable. The application fee should be paid through **GePG** with CONTROL NUMBER:..... , A/C NAME: **PRINCIPAL MVTTC**.
- You will receive a Control Number for payment of the Application fee Two days after submitting this form.
- Request Control Number through phone: 0682292094, 0655210225.
- Attach Bank deposit slip with this application form.
- Return the filled form with the attachments through email, [mvttc@veta.go.tz](mailto:mvttc@veta.go.tz) or physically at the College, Rwegasore Road-

**The Principal,**  
**Morogoro Vocational Teachers Training College (MVTTC),**  
**P.O BOX 671,**  
**MOROGORO.**  
**Telephone: +255 23 2614466**  
**Fax: +255 23 2614466**  
**E-mail: [mvttc@veta.go.tz](mailto:mvttc@veta.go.tz)**  
**Website: [www.mvttc.ac.tz](http://www.mvttc.ac.tz)**

**10. Applicant's Declaration:**

I agree, if admitted to MVTTC comply with the college rules and regulations. I certify that the information in this application is true and complete in all aspects and that I have withheld no information. I authorize the college to verify any information provided as part of this application.

**Signature of Applicant:** .....

**Date** .....