



KOLOWA TECHNICAL TRAINING INSTITUTE KOTETI

P.O Box 370 Lushoto Tanga: Telephone: 0716 393 887/0784 067 564 /0744 455 454

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APPLICATION FORM FOR ADMISSION TO DIPLOMA IN PHARMACEUTICAL SCIENCES PROGRAMME FOR ACADEMIC YEAR 2025/2026

Fill this form application form in in block letters (Handwritten/Typed letter) and thereafter submit to;

**The Principal,
Kolowa Technical Training Institute,
P. O. Box 370, Lushoto, Tanzania.**

OR submit it through email address admn@koteti.ac.tz.

PASSPORT

While making Application the Applicant should pay a non refundable fee of ten thousand shillings

(TShs.15,000) through **CRDB Bank Account Number 0150674824400, name:Kolowa Technical Training Institute** and attach the copy of the Bank Pay-in- Slip in this application form upon submission to Kolowa Technical Training Institute. Application forms which have not been attached with pay-in-Slip shall not be received and processed.

Applicants must attach Photocopy of:

- Certificate of Secondary Education Examinations (CSEE).

ADMISSION REQUIREMENTS:

NOTE:An Applicant has to put **TICK** for the **NTA Level** He/She is applying

A. NTA Level 4 is open to holders of:

Form IV certificate with a minimum of **D** grade in four subjects including Chemistry and Biology(excluding religious subjects) in the certificate of Secondary School Examinations

B. The Technician certificate (NTA Level 5) is open to holders of:

Basic Technician Certificate in Pharmaceutical Sciences (NTA Level-4)

C. The Ordinary Diploma (NTA Level 6) is open to holders of:

Technician certificate in Pharmaceutical Sciences (NTA Level 5).

THIS IS AN APPLICANT's PARTICULARS FORM FOR ALL LEVELS		
WRITE PARENT'S/GUARDIAN'S PHONE NUMBER HERE:.....		
BASIC PARTICULARS OF THE APPLICANT:		
First Name*	Middle Name	Surname
Date of Birth*	Physical disabilities (if any)	Gender*
PRIMARY SCHOOL WHICH THE APPLICANT ATTENDED		
YEAR OF COMPLETING PRIMARY SCHOOL:		
NAME OF PRIMARY SCHOOL	DISTRICT	REGION
FORM IV INDEX NUMBER:		
CONTACT DETAILS:		
Postal Address*	Email Address*	Phone Number*

Country*	Region	District
APPLICANT'S NEXT OF KIN/GUARDIAN:		
Full Name*	PostalAddress*	PhoneNumber*
Relation*	EmailAddress*	Region*
APPLICANT'S SIGNATURE:		

