

UNITED REPUBLIC OF TANZANIA

MINISTRY OF WATER AND IRRIGATION

WATER INSTITUTE



SHORT COURSE APPLICATION FORM

Please fill in this form and send it to the Institute through the email lmremas@gmail.com

A. PERSONAL INFORMATION

NAME OF THE APPLICANT: _____

NAME OF INSTITUTION: _____

ADDRESS: _____

REGION: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

MOBILE NUMBER: _____

B. SHORT COURSE INFORMATION

NAME OF THE COURSE/S:

(1) _____

(2) _____

(3) _____

PROPOSED DATE TO BE OFFERED:

(1) _____

(2) _____

(3) _____

SIGNATURE OF THE APPLICANT: _____ DATE: _____

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