



## RECABI COURSE NOMINATION FORM

Headquarters:

P.O.Box 1349 Arusha, Tanzania

Tel:

E-Mail:

E-Mail:

Programme Name: .....

Dates: ..... Gender: .....

Applicant's name: ..... Date of birth: .....

Employer/Ministry/Organization: .....

Office Phone: ..... Office Fax: .....

City/town: ..... Office E-Mail: .....

Office Mobile: .....

### **APPLICANT'S EXPERIENCE:-**

Present Position: ..... Department: .....

Summary of Duties: .....

.....

### **EMPLOYER:-**

I ..... (Name): .....

in my capacity as ..... (Position) .....

nominate ..... (Name) ..... to attend the

above course and I commit my Organization to pay to RECABI the total course fee of US

\$..... in advance. The fee does not include fallboard accommodation or medical

insurance.

.....

*(Signature of nominating/Authorizing officer)*

.....

*(Dates and official stamp)*

### **FOR OFFICE USE ONLY:-**

Date received..... File name..... Accepted/Rejected

Date acknowledged..... Date confirmed

.....

*(Signature of Admission Officer)*