



NATIONAL INSTITUTE FOR PRODUCTIVITY

NOMINATION FORM

Please photocopy, complete and send to:

The Managing Director
National Institute for Productivity
P.O. Box 2021
Dar es Salaam
Fax: +255 (22) 2128619

Course name: Venue:

Course duration: weeks, Start date: Finish date:

Applicant's name:

Organisation:

P. O. Box.....Town/ City.....Telephone..... Fax:

Personal email address and cell-number:

Age:years, Present position:

Highest level of education attained:

OTHER INFORMATION

Participated in previous NIP course (s) YES NO (tick appropriate box)

Signature of applicant: Date:

Signature of sponsor: Position: Date:

TERMS OF PAYMENT

Course fee:must be **PAID IN ADVANCE** to the National Institute for Productivity, otherwise the nominee will not be allowed to join the course.

Please also take note that hotel accommodation, meals, travel and out of pocket expenses will be borne by the sponsoring organization. The fee covers only tuition, courseware, light refreshments during morning break and administrative expenses.

Contact NIP office before reporting to the training venue.

FOR NIP USE ONLY

Date accepted: Signature: Date:

Fee paid: Cash/ Cheque No: NIP Receipt No: