

THE UNITED REPUBLIC OF TANZANIA  
**MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY**  
**AGENCY FOR THE DEVELOPMENT OF EDUCATIONAL MANAGEMENT**  
**(ADEM)**



**INTENTION FOR JOINING DIPLOMA PROGRAMES  
OFFERED BY ADEM IN THE ACADEMIC YEAR 2025/2026  
(SEPTEMBER INTAKE)**

Fill this Form accurately and submit to ADEM together with copies of **Academic and Professional Certificate(s)** as well as **Bank Pay-in-slip** to the undersigned address.

**PART A: PROGRAM INFORMATION**

In the table below, put a tick (✓) against the course and Campus you wish to join

COURSE PROGRAMME	CAMPUSES			MODE OF STUDY	
	BAGAMOYO	MWANZA	MBEYA	RESIDENTIAL	BLENDED
Diploma in Education Leadership Management and Administration (DELMA)					
Diploma in School Quality Assurance (DSQA)					

**PART B: PERSONAL INFORMATION**

(as indicated in your CSEE)

1. First name ..... Middle Name ..... Surname .....

2. Gender: ..... Nationality.....

3. Date of Birth ..... Place of Birth.....

4. **Working Mailing Address:**

P. O. Box ..... Town/City.....

District..... Region.....

Phone number.....

E-mail.....

5. **Next of Kin Details**

Name: ..... Phone Number .....

Relationship: ..... Nationality.....

District..... Town/City.....

**6.**The secondary school applicant attended with index number (Ordinary Level):

School Name: .....

**7. Other Applicant's details:**

(i) Current working place: ..... (school) Position/Title.....

(ii) Ward: ..... District/Council..... Region..... (iii)

Number of years ..... (from first appointment)

(iv) Employer's Phone number.....

### **PART C: EDUCATION INFORMATION:**

**8.**Education and professional background (attach certificate copies)

<b>Level of Education</b>	<b>Award</b>	<b>Year completed</b>	<b>Index number</b>	<b>Examination Centre</b>	<b>Remarks</b>

### **9. DECLARATION**

I certify that the information provided above is true and complete in all aspects and I agree that ADEM retains the right to nullify my admission if the information provided is not correct.

Name.....signature.....date.....

**10. ATTACHMENTS TO THE APPLICATION FORM (COMBINE ALL DOCUMENTS IN A SINGLE PDF FILE)**

- Copies of Certificate(s) of Secondary Education Examination (CSEE)
- Copies of Academic Transcripts and Certificates
- Copy of Birth Certificate
- Bank pay-in-slip
- Copies of Professional Qualifications (Teaching profession)

**PART D: APPLICATION INFORMATION**

**APPLICATION FEE IS SHILLINGS.20,000/= WHICH SHOULD BE PAID THROUGH:**

**i. NMB BANK BY FILLING PAY-IN-SLIP and quote CONTROL NUMBER**

**991250036465**

**M-Pesa, TIGO-Pesa or Airtel-Money under Government payment**

**CONTROL NUMBER 991250036465**

**All non-Tanzanian certificates should be verified by NECTA or TCU before submitting for application.**

Successful applicants shall be required to bring the original certificates for verification at the time of registration.

**Submit your dully filled application form before 30<sup>th</sup> September, 2025.**

**FOR FURTHER DETAILS PLEASE CONTACT:**

**1. 0712 711 241 - (Bagamoyo)**

**2. 0752696569- (Mwanza)**

**3. 0765518584 - (Mbeya)**

**4. 0786848497 – (Bagamoyo, Mbeya, Mwanza)**

**ADDRESSES SUBMIT YOUR APPLICATION FORM AT**

Chief Executive		
ADEM-Bagamoyo	ADEM-Mwanza Campus	ADEM-Mbeya Campus
P.O. Box 71, Bagamoyo	P.O. Box 1234, Mwanza	P.O. Box187, Mbeya
E-mail: <a href="mailto:admission@adem.ac.tz">admission@adem.ac.tz</a>	E-mail: <a href="mailto:ademwz@adem.ac.tz">ademwz@adem.ac.tz</a>	E-mail: <a href="mailto:ademby@adem.ac.tz">ademby@adem.ac.tz</a>
Website: <a href="http://www.adem.ac.tz">www.adem.ac.tz</a>		

**CHIEF EXECUTIVE**  
**Agency for the Development of**  
**Educational Management**