

**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 2026/2027
(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)					
Diploma in ICT with Educational Management (DICTEM)				RESIDENTIAL ONLY	
Diploma in Management of Inclusive Education				RESIDENTIAL ONLY	
Diploma in Management of Technical and Vocational Education and Training				RESIDENTIAL ONLY	

PART B: PERSONAL INFORMATION

(as indicated in your CSEE)

1. First name Middle NameSurname

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 Relation.....

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)

Level of Education	Award	Year completed	Index number	Examination Centre	Remarks

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)**

- a. Copies of Certificate(s) of Secondary Education Examination (CSEE)
- b. Copy of Birth Certificate
- c. Bank pay-in-slip

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 991250037909**

ii. **M-Pesa, TIGO-Pesa or Airtel-Money under Government payment CONTROL NUMBER 991250037909**

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 09th July, 2026.

FOR FURTHER DETAILS PLEASE CONTACT:

- 1. 0752839400 - (Bagamoyo)**
- 2. 0713714616- (Mwanza)**
- 3. 0717228080 - (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. Box 187, Mbeya
E-mail: admission@adem.ac.tz	E-mail: ademwz@adem.ac.tz	E-mail: ademby@adem.ac.tz
Website: www.adem.ac.tz		

CHIEF EXECUTIVE
Agency for the Development of
Educational Management