

## LEADERSHIP APPLICATION FORM

I, the undersigned
Hereby apply for the post of(President – Elect, Honorary General Secretary, Vice President, Treasurer, Publicity Secretary, Executive Council Representatives/ Zone Representative). If accepted, I shall abide by the Constitution and by the By-laws of the Association.
Signature
Qualifications
Date of award of MD, M, B-ChB., or equivalent:
Added Qualifications; Mmed/ MPH/Msc/PhD etc
Medical Council of Tanganyika Registration No:
AGOTA Membership Number
Year of Registration
Address: (In block letters)
Telephone
E-mail
Applicant's signature and date
Signature of Receiving Officer

## 2. Education background

S/n	Certificate	Programme	Institution	Start date	End date

## 3. Professional/ work experience, include current work station

S/n	Institution	Position	Start date	End date

4. Please list any boards or committees you currently serve on or have served on (Business, civic, political, religious, social, etc.)

S/n	Institution	Title	Start date	End date
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	ure:			
Signat	ui C	Datt.	•••••	•••••
Thank	you for applying. Please return t	he form to Election Committee	e hefore 31st October 200	3
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	official use only	n		
Elec	ctoral Committee Recommendatio	П		
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		Date		