



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 (022) 2128619

Course Name Venue:
Course Duration: Weeks Start Date: Finish Date:
Applicants name:
Organization
P. O. Box Town/City Telephone Fax
Age years Present Post
Highest Education Attained

OTHER INFORMATION

Participated in Previous NIP Course/s YES NO
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 born by the sponsoring organization. The fee covers only tuition, courseware, light refreshments during morning break and administrative expenses.

FOR NIP USE ONLY

Date accepted:..... Signature..... Date
Fee Paid Cash/Cheque No NIP Receipt No