PROCUREMENT AND SUPPLIES PROFESSIONALS AND TECHNICIANS BOARD



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> E-mail: examinations@psptb.go.tz or info@psptb.go.tz Website: http://www.psptb.go.tz (Established under the Act of Parliament No. 23 of 2007)

Affix Photo here

APPLICATION FOR RESEARCH PAPER EXAMINATION

SECTION A: PERSONAL PARTICULARS

1.	Candidate's names as they appear in his/her academic certificates			
		First Name	Second/Other Initials	Surname
2.			OUR examination information ess LocationReliable Tel/M	obile No
3.	Date of Birth			
4.	Candidacy Registration Number: CR. NoSupervisor Name			
5.	Entry point to PSPTB Program: e.g. (PI – PIV, May 2014 or PIV November 2015)			
6.	PV Examination Date e.g. (P/M 2015 or P/N 2016):			
7.	I intend	to submit research paper duri	ng the examination to be held on:	
8.	Examination center to defend research: Please tick (✓) in the appropriate box: Dar es salaam			
SECTIO	ON B:	INSTRUCTIONS		
	(i)	This application for research lower examination stages (i	h paper examination should be filled by a ca i.e. PI-PV).	ndidate who has cleared/ pass all

- (ii) The Research Paper Examination Fee paid for respective examination session is transferable but not refundable.
- (iii) Attach on this Research Paper Examination entry form copies of your previous statements of results issued by the Board together with copy of Research Methodology Workshop Attendance Certificate or letter issued to proceed with data collection.
- (iv) The Research Paper Examination must be undertaken within a period of twenty-four (24) months after clearance of all lower levels (PI-PV) otherwise will be liable to re-write the preceding examination level (PV).
- (v) Administrative Fee shall be instituted to candidate with referral status. Currently, research paper candidates with previous referral status shall pay TZS 60,000 through PSPTB Accounts.
- Please make sure you have paid TZS 760,000 as currently approved Research Paper Examination Fee to (vi) cover compulsory research workshop fee and supervision fee for research proposal and Main paper. For payment process please call 0737157312 during office working hours from 8:00 am to 4:00 pm to obtain **Control Number.**
- (vii) You are not allowed to change Supervisor allocated to you without prior written permission by Executive Director after deliberating the reasons for the proposed changes.

SECTION C: **CANDIDATE'S DECLARATION**

9. I have read and agreed to abide by the Examination Regulations and Procedures of the Board and accept that any false information supplied by me will invalidate my application. Date.....20.....

Candidate's signature

FOR OFFICIAL USE ONLY:

SECTION D:

10.	Candidate's documents checked by Examination Officer: Name Date Signature				
11.	Payment received through Receipt No. Amount received Tshs. Amount Outstanding. Signature of receiver. Date Received. Outstanding Fee.				
	Signature of receiver				
SECTIO 12.	DN E: APPROVAL: The applicant qualify/do not qualify for CPSP research paper due to the following reasons:				
11.	Recommendations by Examination Officer:				
	Application approved/disapproved by:				

For EXECUTIVE DIRECTOR PROCUREMENT AND SUPPLIES PROFESSIONALS AND TECHNICIANS BOARD

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