

PROCUREMENT AND SUPPLIES PROFESSIONALS AND TECHNICIANS BOARD

P.O. Box 5993, DAR ES SALAAM – TANZANIA



Tel: +255(22)2865860, Tel/fax: +255(22) 2862138, and Mobile 0738441972

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 2
Photos
here

APPLICATION FOR TRANSCRIPT

In filling this form use CAPITAL LETTERS

SECTION A: PERSONAL PARTICULARS:

1. Candidate's names as they appear in Academic Certificates:

.....

First Name

Second/Other Names (if any)

Surname

1. Date of Birth:Candidates Cr. No:

2. Postal address.....Address Location..... Reliable/Mobile No.....

3. Date of First Entry: May/ November, Year..... Date of Completion: P/M or P/N.....

4. **SECTION B: INSTRUCTIONS.**

- (i) Attach two colored **recent passport size** for each **exit stage** e.g. Basic stage (B1-BII), Foundation stage (FI – FII) and Professional Stage one to Research Paper (PI –RP) with your names written on the back of the attached **passport size**.
- (ii) Attach all previous Statement of results.
- (iii) Please Pay **Tshs 10,000/=** as currently approved **Transcript Fee**. For payment process please call **0737157312** **during office working hours from 8:00 am to 4:00 pm to obtain Control Number.**
- (iv) Attach the receipt with this application for the payment made
- (v) The Transcript Fee paid shall neither be transferrable nor refundable
- (vi) Allow a maximum of seven (07) working days to process your transcript

S/N	Stages E.g. BI-BII/ PI-RP	Date completed E.g. May/Nov	Award
1			
2			
3			
4			

.....
Applicant Signature

.....
Date of Application

FOR OFFICIAL USE ONLY:

SECTION C: EXAMINATION DEPARTMENT

1. Transcript documents checked by:
Name
Signature
Date

2. Receipt no..... Tshs.....Receiver by.....
Signature
Date.....