# PROCUREMENT AND SUPPLIES PROFESSIONALS AND TECHNICIANS BOARD



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Affix Photo here

E-mail: <u>info@psptb.go.tz</u>, or examinations@psptb.go.tz Website: <u>http://www.psptb.go.tz</u>

(Established under the Act of Parliament No. 23 of 2007)

# APPLICATION FOR RESEARCH PAPER EXAMINATION

	•••••	First Name Second/Other Initials Sumanus	• •		
2.	Present	First Name Second/Other Initials Surname t contact address for posting examination information			
	Postal address				
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	d to submit research paper during the examination to be held on:			
	Paid wi	th control numberAmount			
8. <b>SECT</b>	Examination center to defend research: Please tick ( $\checkmark$ ) in the appropriate box: <b>Dar es salaam</b> or <b>Dodoma</b> INSTRUCTIONS				
	(i)	This application for research paper examination should be filled by a <b>candidate who has cleared/ pass</b> a <b>lower stages</b> (i.e. PI-PV).	11		
	(ii)	The Research Paper Examination Fee paid for respective examination session is transferable but not refundable	<b>.</b>		
	(iii) Attach on this Research Paper Examination entry form copies of your previous statements of results in the Board together with copy of Research Methodology Workshop Attendance Certificate or letter approceed 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).			
	<ul> <li>(v) Administrative Fee shall be instituted to candidate with referral status. Currently, research paper of with previous referral status shall pay Tshs 60,000 through control number by calling mobile 0737157312.</li> <li>(vi) Please make sure you have paid Tshs 360,000 to make the total of Tshs 760,000 for Resear Examination Fee. For payment process visit <a href="www.psptb.go.tz">www.psptb.go.tz</a> for login to your online account to Control Number.</li> </ul>				
	(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.	⁄e		
SECT	TON 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				
	Date				

### FOR OFFICIAL USE ONLY:

# **SECTION D:**

10.	Candidate's documents checked by Examination Officer:  Name				
	Name				
11.	Payment received through Receipt No Amoun	t received Tshs			
	Amount Outstanding Signature of receiver				
	Date ReceivedOutstanding Fe	e			
	Signature of receiver				
<b>SECT</b> 112.	TION E: APPROVAL:  The applicant qualify/do not qualify for CPSP research paper due to th	· ·			
11.	Recommendations by Examination Officer:				
	Application approved/disapproved by:				
For EX	EXECUTIVE DIRECTOR	PSPTB,			
PROCU	CUREMENT AND SUPPLIES PROFESSIONALS	P.O. BOX 5993,			
AND T	TECHNICIANS BOARD	DAR ES SALAAM. TEL: 255 22 2865860			

TEL: 255 22 2865860 FAX: 255 22 2862138 E- mail: info@psptb.go.tz