1. INSTRUCTION

- 1. Please read carefully before completing, signing or submitting this form.
- 2. Ensure that this form is completed in full.
- 3. Complete in BLOCK LETTERS.
- 4. Application forms with incomplete/incorrect information will be disqualified.
- 5. No faxed application forms will be accepted.
- 6. Applications received after the closing date will not be considered.

2. ENSURE THAT YOU MEET THE FOLLOWING CRITERIA

- 1. Namibian citizenship.
- 2. Registration at recognized tertiary institution within SADC.
- 3. Must be 2^{nd} , 3^{rd} or final year student.
- 4. Above 70% average academic performance during the 2020 academic year.

3. ATTACH ALL OF THE FOLLOWING DOCUMENTS REQUIRED

- 1. Letter of motivation for your application.
- 2. Grade 12 and latest tertiary results.
- 3. Certified copy of a valid Namibian identity document.
- 4. Curriculum Vitae.
- 5. Character reference from professor, senior lecturer/someone with creditability that can testify to your character.
- 6. Post or hand delivered completed forms to:

Posted to:

Human Resource Development Administrator Mobile Telecommunications Limited P. O. Box 23051 WINDHOEK, Namibia

For the attention: Ms. Loide Martin Tel +264 61 2802143 e-mail: lmartin@mtc.com.na

Hand delivered to:

Human Resource Development Administrator Mobile Telecommunications Limited Cnr. Mosé Tjitendero & Wanehepo Ndadi Street Olympia WINDHOEK, Namibia For the attention: Ms. Loide Martin Tel +264 61 2802143 e-mail: Imartin@mtc.com.na

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PERSONAL INFORMATION									
Title:	Mr.	Mrs.	Miss	Surname:					
First Name in Ful	11:								
Preferred Name:									
Date of Birth (dd/mm/yy):					Identity No:				
Nationality:					Gender:	Male:		Female:	
Home Language:	:								
Residential Addr	ess:								
Postal Address:									
Telephone Home	:				Cell No:				
Email Address:									

Details of Parents/ Legal Guardian (if applicant are minor)							
Full Names of Parents/ Guardians							
Residential Address:							
Postal Address:							
Father							
Employer:							
Occupation:							
Telephone Number:		Cell No:					
Mother							
Employer:							
Occupation:							
Telephone Number:		Cell No:					

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TERTIARY EDUCATION											
Are you currently registered? Yes No			No	Registration i	n:	2 nd	3rd	4 th			
Name of Institution:					Academic year of studies:						
Student Number:						Year Commenced:					
Institution:											
Field of Studies (Please select one):		r Engine are Eng		ø/Deve	lopment (special	izing in					
					plications)						
	Softw	are Dev	velopme	ent							
	Data /	Analysis	s/Scienc	e							
Other Qualifications:								Year Obtained:			
Experiential training completed: Yes			No	Details:							
		Lates	st Exami	ination	Results: (Please	attach r	esults)				
1 st or 2 nd Year of Study					Year:	% Ob	tained:				
Subjects					June	Decemb		nber			

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3 rd Year of Study	Year:	% Obtained:				
Subjects		June		December		
	ADI	DITIONAL IN	FORMATION			
Do you currently have a bursary/st	Yes:		No:	NO:		
If yes, please Name Institution:						
Obligation/Conditions:						
		DECLARAT	ION			
I, Declare that the above particula	ars are complete and c		my capacity as applica	ant/pare	ent/Legal Guardian,-	
Signature of Appli		Date				
Signature of Parent/Legal		Date				
his document is only valid for the date and the nay be reproduced or transmitted in any form	e time that it was printed and co by any means, without written p	ntains information, permission from M	which is the property of M FC.	ITC. No par	rt of the document	