BEEKEEPING TRAINING INSTITUTE - TABORA
APPLICATION FOR ADMISSION, ACADEMIC YEAR 2017/2018

INSTRUCTIONS:

1. This application form must be sent to the Principal together with sealed certified copies of academic certificates and transcripts written in English or their English translation. Where financial support is from a donor, a written confirmation of sponsorship is required,

2. Applicants will be required to pay a non-refundable application fee of Tsh. 20,000/= (Twenty thousand) for Tanzanian and USD 20.00 for foreigners,

3. Candidates should return their applications forms along with the Pay in Receipt or the original bank Pay – in Slip (bearing the name of the applicant) promptly not later than 30th June each year,

4. Applicants should be proficient in written and spoken English,

5. Fee Structure
   Successful applicants will be required to pay the following costs:

   i. First Year: **Technician Certificate Course and Ordinary Diploma Course** Tsh. 805,000/= **or** USD\$ **2,100.00** for Non - Tanzanian Students.

   ii. Second Year: **Technician Certificate Course and Ordinary Diploma Course** Tsh. 775,000/= as training fee **or** USD\$ **2,080.00** for Non – Tanzanian Students

   Note:
   a. Training fee can be paid fully or on installment basis i.e. Half of the total fee at the beginning of semester I, another half at the beginning of semester II.
   b. The costs do not cover charges for breakfast, lunch, accommodation, students' field attachment/study tour and field working gears.
   c. Limited accommodation is available at the campus which cost Tsh 270,000/= per year (payable once or in two installments).

6. Bank Details:
   Payment should be done through the following;
   Account Name: The Principal, Beekeeping Training Institute, Tabora
   Bank Name: National Microfinance Bank (NMB)
   Account Number: **51001100012**

7. All inquiries, duly filled forms and all supporting documents for admission should be sent to:-
   The Principal, Beekeeping Training Institute, Tabora
   P.O. Box 62,
   TABORA, TANZANIA
   E-mail: info@bti.ac.tz

(Parts A, B, and D to be filled legibly by the Applicant. Please use BLOCK LETTERS throughout)

PART A: PERSONAL PARTICULARS

1. SURNAME   ……………………………….....................…..…………
2. FIRST NAME   …………….…………….….........................……………
3. MIDDLE NAME   …………….…………….….........................…..……..

NOTE: The name in which you will be registered shall correspond exactly with the names in your Academic Certificate(s) or equivalent document(s).

4. **Date of Birth:** (DD / MM / YY) ……. / …….. / ……...	5. **Place of Birth:** (Town or District and Country) ……………………………...........……………
6. **Country of Residence:** ……………………………	7.**Citizenship** ……………….......……	[TICK WHICH IS APPLICABLE] 8.**Sex:** Male [ ] Female [ ]
9. **Religion:** …………………………….……		[TICK WHICH IS APPLICABLE] 10. **Marital Status:** Married [ ] Single [ ]
11. **Contacts: Postal Address**		Mobile No ……………………...…..………. Tel: No . ……………………………….. E-mail ……………………………..…..

PART B: COURSE PROGRAMME FOR WHICH ADMISSION IS BEING SOUGHT

Tick where appropriate

1. **Training programme:**

    i.   Technician Certificate in Beekeeping   ☐

    ii. Ordinary Diploma in Beekeeping   ☐

2. **Do you need accommodation at the campus?**

    Yes   ☐

    No   ☐

PART C: ACADEMIC QUALIFICATIONS

Provide detailed information of your academic qualifications attained beginning with the most recent.

Year of completion	Institution/ School attended	Qualification Attained (CSEE, ACSE)

PART D: SPONSOR'S DECLARATION
   * *(To be filled by the Parent/Guardian /Donor)*

I.........………………………………………………………………….……………
                                    * (Name of Parent/Guardian/ Donor)
Hereby approves and recommends the candidate named in PART A of this application form for the course applied.
Financial support for the training will be met by:
………………….....………………………….………………………………………….......
....
…………………………...……………* (Name of Parent/Guardian/ Donor)

……………………………….…...
* (Address and phone of Parent/Guardian/Sponsor/Donor)

……………………………….
(Signature)

Official Stamp: ………………………. *(If applicable)*   Date:………………………...

PART E: APPLICANT'S DECLARATION
I ……………………………………………. (Name of Applicant) certify that the above information given is correct to the best of my knowledge.

…………………………………..   ……………………………………..
        (Signature)   (Date)

Delete whichever is not applicable.