



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF NATURAL RESOURCES AND TOURISM
BEEKEEPING TRAINING INSTITUTE- TABORA



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Ref. No. B/TRA/1/VOL. III/

05/10/2018

Mr /Miss/Mrs

Dear Candidate:

RE: STUDENT'S JOINING INSTRUCTIONS

1. I am pleased to inform you that, you have been selected by Beekeeping Training Institute Admission Committee on 14/09/2018 and verified by National Council of Technical Education (NACTE) to pursue a two years Course in Beekeeping starting in Academic year **2018/2019**.
2. You are required to report at the Institute from **15th OCTOBER, 2018** and not later than **21th OCTOBER, 2018**, otherwise your admission will be subject to cancellation. Detailed instructions will be issued to you on your arrival at the Institute.
3. The Institute is located about 4 kilometers South-East of Tabora Municipality, along Airport Road. There are regular local public transports from town to the Institute.
4. This joining instruction should be treated as an Admission Letter and it should be presented to the Registrar of Students upon your arrival.
5. All Payment payable to the Principal should be made through bank. Account Name; **The Principal Beekeeping Training Institute**
Account number; **51001100012**. Bank Name; **NMB**.
NB. Please come with Bank deposit slip confirming your payments during registration otherwise you will not be registered.
6. Unsuccessful student who applied for accommodation at the Institute are advised to do exhaustively arrangement of their accommodation off-campus before their arrival while, successful one shall be required to pay 50% (135,000/=) of the total accommodation fee (Tsh. 270,000/=) before 10th OCTOBER, 2018 after communicating with the Institute via phone number **0756 900 196**.
7. Transport costs to and from the Institute for students during vacations shall be met by students themselves.

8. FEE STRUCTURE FOR BEEKEEPING TRAINING INSTITUTE-TABORA AS FROM OCTOBER, 2018**A. Fee for Tanzanian students payable to the Principal**

S N	ITEM	DIPLOMA (Tsh)		CERTIFICATE (Tsh)	
		Year I	Year II	Year I	Year II
1	Tution Fee	670,000	670,000	670,000	670,000
2	Examination	25,000	25,000	25,000	25,000
3	Registration.	10,000	-	10,000	-
4	Students Government	15,000	-	15,000	-
5	Caution Money	10,000	-	10,000	-
6	Medical fee	61,000	61,000	61,000	61,000
7	Contribution to sports	10,000	-	10,000	-
8	NACTE fee	15,000	15,000	15,000	15,000
9	Graduation	-	15,000	-	15,000
	TOTAL	816,000	786,000	816,000	786,000

B. Recommended minimum allowances payable direct to by sponsors to students

SN	ITEM	DIPLOMA (Tsh)		CERTIFICATE (Tsh)	
		Year I	Year II	Year I	Year II
1	Books and stationary	100,000	100,000	100,000	100,000
2	Meals	1,350,000	1,350,000	1,350,000	1,350,000
3	Accommodation	270,000	270,000	270,000	270,000
4	Field working gears	160,000	-	160,000	-
5	Special project	-	80,000	-	-
6	Field attachment	280,000	280,000	280,000	280,000
	TOTAL	2,160,000	2,240,000	2,160,000	2,240,000

NB: These costs in Table A may change any time without notice, depending on fluctuations of prices of goods and services.

9. Terms of Payment

Students may pay their training fees fully or in two installments as follows:

- i. First installment should be paid at the beginning of the academic year (first semester) not less than 50% of the total fees.
- ii. Second installment should be paid at the beginning of the second semester, the last 50% installment.

10. Contribution and Other Charges

Total amount of money indicated in the Table below should be paid fully

S/N	Item	Amount (Tshs)	Year Two (Tshs)
1	Institute T- shirt	25,000.00	-
2	Student Identity Card	10,000.00	-
	Total	35,000.00	-

11. Protective clothing

All students are required to purchase protective clothing which are available at the Institute at the cost of TZS 160,000/=

12. Other financial responsibilities:

All students are required to ensure that they make adequate arrangements to sustain themselves financially for meals, accommodation, Stationeries, Field attachment and other requirements. The Institute has no provision to support students with pocket money to cater such services. Parents/Guardian/sponsor may use table B as reference in supporting students for the mentioned financial requirements.

13. Student requirements

You're required to come with the following:

- (i) Bed sheets
- (ii) Stationeries
- (iii) Scientific Calculator
- (iv) Mosquito nets

14. Discipline:

Every student is expected to be exemplary in good behavior and maintain self respect in accordance with the rules and regulations of the Institute. Institute's Rules, Guidelines and Regulations shall be handed over to you upon your arrival.

15. During registration each student **must** have:

- i. **Original** Academic Certificate(s)
- ii. **Original** Valid academic result Slip/Transcripts
- iii. **Original** Bank deposit slip
- iv. Dully filled medical examination report form
- v. Birth Certificate

16. Physical impairment

A student is required to send the attached medical form to the recognized government hospital and come with it at the institute.

17. Lastly, may I kindly wish you a happy and safe journey to Beekeeping Training Institute-Tabora.

SEMUL DAUD
Principal

**BEEKEEPING TRAINING INSTITITUTE
P.O BOX 62, TABORA**



MEDICAL EXAMINATION REPORT FORM

NAME OF STUDENT

SEX AGE WARD

PERSONAL HISTORY

I as the examined suffered from the following. If YES indicate date and diagnosis. If not please write NO in appropriate space.

1. Tuberculosis
2. Nervous breakdown
3. Psychiatric disorder
4. Skin diseases
5. Jaundice

PHYSICAL EXAMINATION

1. Skin disease
2. Please state conditions for ear (if any discharge)
Mouth & throat
- Nose
3. Respiratory system
- Any Physical impairment

LABOLATORY TEST

- 1. Urinalysis
- 2. Blood Examination
 - (i) Differential
 - (a) Neutrophil (b) Eosinophil
 - (c) Basophilic..... (d) Lymphocytes
 - (e) Monocytes (f) Any parasite round indicate
 - (ii) ESR
 - (iii) Serological tests:
 - (a) Widal Test (for Typhoid)
 - (b) VDRL Test (for Typhoid)
- 3. Stool analysis
Special emphasis on – Helminths, Bacteria
- 4. Other Investigation (If Necessary)
 - (i) Chest X – ray
 - (ii) Ultra sound
 - (iii) Biochemichal Lab Tests

DOCTORS' RECOMMENDATION(S)

I have examined Mr/Miss/Mrs and

I recommend the following

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HOSPITAL DIRECTOR

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OFFICIAL STAMP