



BEEKEEPING TRAINING INSTITUTE - TABORA
APPLICATION FOR ADMISSION, ACADEMIC YEAR 2020/2021



INSTRUCTIONS:

1. Please fill out the application form clearly and completely (in English and preferably type written).
2. Completely filled application form must be sent to the Principal together with:
 - i. Sealed certified copies of academic certificates and transcripts written in English or their English translation.
 - ii. All equivalence letters from NECTA/NACTE for foreigners.
 - iii. Release Letter from employer for employed applicants.
 - iv. Certified copy of Birth Certificate
3. Where financial support is from a donor, a written confirmation of sponsorship is required.
4. Applicants will be required to pay a non-refundable application fee of Tsh. 10,000/= (Ten thousand) for Tanzanian and USD 10.00 for foreigners.
5. Candidates should return their application forms along with the original bank Pay – in Slip (bearing the name of the applicant) promptly not later than 10th September 2020.
6. Applicants should be proficient in written and spoken English.
7. Fee Structure (Costs do not cover charges for breakfast, lunch, accommodation, students' field attachment and field working gears). Successful applicants will be required to pay the following training fees:
 - i. First Year: **Technician Certificate Course and Ordinary Diploma Course** Tsh. 816,000/= **OR** USD\$ **1,380.00** for Non - Tanzanian Applicants.
 - ii. Second Year: **Technician Certificate Course and Ordinary Diploma Course** Tsh. 786,000/= **OR** USD\$ **1,250.00** for Non – Tanzanian Applicants.

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. Limited accommodation is available at the campus which costs **Tsh. 270,000/=** per year for local residents (payable once or in two installments).
- c. Fees for foreign students are hostel inclusive.

8. Bank Details:

All payment should be done through the following:

Account Name: The Principal, Beekeeping Training Institute-Tabora

Bank Name: National Microfinance Bank (NMB)

Account Number: **51001100012**

9. 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, C 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
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
- iii. Ordinary Diploma in Beekeeping (Upgrading)

Note: Applicants in need of BTI hostel services are required to communicate directly to the Institute via phone number: +255 759 558 893 or www.bti.ac.tz for more information. Online application should follow instructions provided in our website www.btionlineapplication.ac.tz

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 and Others)	Registration number

PART D: SPONSORSHIP DECLARATION (To be filled by the sponsor)

I..... * (Name of Parent/Guardian/ Donor or others)
 Hereby declare that, I undertake to bear the Financial Support of the training for the named candidate in PART A.

I undertake to bear ALL costs and expenses involved.

Name of the Parent/Guardian/ Sponsor*:

Physical Address of the Parent/Guardian/ Sponsor* ..:.....

Phone number of the Parent/Guardian/ Sponsor*:

Relationship with the Applicant:

(*Delete where not applicable)

Signature:

Official Stamp: (If applicable) Date:

PART E: APPLICANT'S DECLARATION

I (Name of Applicant as shown in academic certificates)
 certify that the above information given is correct to the best of my knowledge.

.....
 Signature

.....
 Date