



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF NATURAL RESOURCES AND TOURISM  
BEEKEEPING TRAINING INSTITUTE- TABORA



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27/05/2021

Mr /Miss/Mrs .....

Dear Applicant:

**RE: JOINING INSTRUCTIONS**

1. I am pleased to inform you that, you have been selected to join Beekeeping Training Institute (BTI) by National Council of Technical Education (NACTE) to pursue a two years Course in Beekeeping starting in Academic year **2021/2022**.
2. You are required to report at the Institute on **01<sup>st</sup> November, 2021** and not later than **15<sup>th</sup> November, 2021**, otherwise your admission will be subject to cancellation. Detailed instructions will be issued to you on your arrival at the Institute.
3. You are encouraged to report at the institute on the prescribed date in order to timely get health insurance card, identity card, field working gears and various seminars in the orientation week.
4. Be informed that, registration hours will be **08:00 AM to 5:00 PM** for **14 days** from **01<sup>st</sup> November 2021**.
5. 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.
6. This joining instruction should be treated as an Admission Letter and it should be produced to the Institute's authority upon your arrival.
7. You shall fill up personal data in the registration form at the time of registration therefore, you must come with the following original documents for registration:
  - i. Academic Certificate(s)
  - ii. Valid academic result Slip/Transcripts
  - iii. Dully filled medical examination report form by recognized Doctor from Government Hospital.
  - iv. Birth certificate
8. Every student is expected to be exemplary in good behavior and maintain self-respect in accordance to the rules and regulations of the Institute. Institute's Rules, Guidelines and Regulations shall be provided to you after your registration.
9. Non-hostel students are advised to do exhaustively arrangement of their accommodation before reporting at BTI.
10. All hostel students are required to fill Room Rental Agreement before paying for accommodation.
11. All students are required to ensure that they make adequate arrangements to sustain themselves financially for meals, accommodation and other requirements. The Institute has no provision to support students with pocket money.

**12. Fees in TZS for Tanzanian students payable to the Principal**

S/N	ITEM	DIPLOMA		CERTIFICATE	
		FIRST YEAR	SECOND YEAR	FIRST YEAR	SECOND YEAR
1	Tuition 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
	<b>TOTAL</b>	<b>816,000</b>	<b>786,000</b>	<b>816,000</b>	<b>786,000</b>

**13. Other charges and contributions in TZS for Tanzanian students payable to the Principal**

S/N	ITEM	AMOUNT	REMARKS
1	Institute T-Shirt	25,000	APPLICABLE TO ALL FIRST YEAR STUDENTS
2	Student Identity Card	10,000	APPLICABLE TO FIRST YEAR/ UPGRADING STUDENTS
3	Field working gears	160,000	APPLICABLE TO FIRST YEAR STUDENTS
4	Accommodation	270,000	APPLICABLE TO ALL HOSTEL STUDENTS

**14. Recommended minimum allowances in TZS payable direct by sponsors to students**

S/N	ITEM	DIPLOMA		CERTIFICATE	
		FIRST YEAR	SECOND YEAR	FIRST YEAR	SECOND YEAR
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	Research Project	-	80,000	-	-
5	Field attachment	420,000	420,000	420,000	420,000
	<b>TOTAL</b>	<b>2,330,000</b>	<b>2,220,000</b>	<b>2,330,000</b>	<b>2,140,000</b>

**15. Mode of payments payable to the Principal:**

- i. Students may pay their fees fully or in two installments:
  - a) At the beginning of the academic year (first semester) not less than 50% of the total fees.
  - b) At the beginning of the second semester, the last 50% installment.
- ii. All Payments payable to Principal should be made through Control number (**Government electronic Payment Gateway**) which will be developed after communication with Institute via the **Registrar of Students: 0759 558 893**

**16. You're required to come with the following:**

- (a) Two colored passport size
- (b) Stationeries
- (c) Scientific Calculator

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

**SEMU L DAUD  
PRINCIPAL  
BEEKEEPING TRAINING INSTITUTE**



MEDICAL EXAMINATION REPORT FORM

NAME OF STUDENT .....

SEX ..... AGE ..... WARD .....

**A. PERSONAL HISTORY**

Is the examinee suffering from the following? indicate Yes or No

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

**B. PHYSICAL EXAMINATION**

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

**C. LABOLATORY TEST**

1. Urinalysis .....
2. Blood Examination
  - (i) Differential
    - (a) Neutrophil ..... (b) Eosinophil .....
    - (c) Basophilic..... (d) Lymphocytes .....
    - (e) Monocytes ..... (f) Any parasite round indicate .....
    - (g) HIV/AIDS.....
  - (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) Biochemical Lab Tests .....

**D. MEDICAL CERTIFICATE**

(To be completed by a Medical Officer)

I have examined the above named person and consider that \*she/he is physically and mentally/not physically and mentally fit to be admitted for the full time course at your Institute.

.....	.....	.....
Name	Signature	Date

.....	.....
Title	Qualification

Address:  
.....  
.....  
.....  
.....

\* Delete as necessary

OFFICIAL STAMP FROM HOSPITAL DIRECTOR

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