

BEEKEEPING TRAINING INSTITUTE - TABORA APPLICATION FOR ADMISSION, ACADEMIC YEAR 2024/2025



INSTRUCTIONS:

- 1. Please fill out the application form clearly and completely (in English and preferably typewritten).
- 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 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 Pay in Receipt or the original bank Pay in Slip (bearing the name of the applicant) promptly not later than 24th August 2024.
- 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 costs:
 - i. NTA level 4: **Basic Technician Certificate Course Tsh. 1,071,000**/= as training fee or USD\$ **1,200.00** for Non Tanzanian Applicants.
 - ii. NTA level 5: **Technician Certificate Course Tsh. 1,146,000**/= as training fee **or** USD\$ **1,229.00** for Non Tanzanian Applicants.
 - iii. NTA level 6: **Ordinary Diploma Course Tshs. 1,451,000**/= as training fee **or** USD\$ **1,347.00** for Non Tanzanian Applicants.

Note:

- a. Training fee can be paid fully or on installment basis i.e. half of the tuition fee with other contributions at the beginning of semester I, and the other half of the tuition fee to be completed 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. Mode of Payments:

All payment should be done through **Control number** (*Developed through Government Electronic Payment Gateway*) which is provided upon request by client through the following contact:

Registrar of students (RoS): +255 787 837 567

Institute Accountant: +255 713 147 758

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: admission@bti.ac.tz

PART A: PERSONAL PARTICULARS

| 1. SURNAME 2. FIRST NAME 3. MIDDLE NAME | | | | |
|---|--------------------------|--|--|--|
| | • | all correspond exactly with the names in your | | |
| Academic Certificate(s) or | = | 5 Di 6Di di 75 Di di 6 | | |
| 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 [] | | |
| 0 DP: | | | | |
| 9. Religion: | | [TICK WHICH IS APPLICABLE] | | |
| | | 10. Marital Status: Married [] Single [] | | |
| 11. Contacts: Postal Address | | Mobile No Tel: No E-mail | | |
| PART B: COURSE PRO | GRAMME FOR WHICH | H ADMISSION IS BEING SOUGHT | | |
| Tick where appropriate: | | | | |
| 1. Training programme: | | | | |
| i. Technician Ce | ertificate in Beekeeping | | | |
| ii. Ordinary Dipl | oma in Beekeeping | | | |
| iii. Ordinary Dipl | oma in Beekeeping (Upgra | ading) | | |

Note: Applicants in need of BTI hostel services are required to communicate directly to the Institute via phone number: 0787 837567 or admission@bti.ac.tz for more information.

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 |
|--------------------|------------------------------|--|---------------------|
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| PART D: SPONSORHIP DECLARATION (To | be filled by the) |
|--|--|
| | * (Name of Parent/Guardian/ Donor or others) al Support of the training for the named candidate in |
| I undertake to bear ALL costs and expenses involve | ed. |
| Name of the Parent/Guardian/ Sponsor*: | |
| Physical Address of the Parent/Guardian/ Sponsor* | · · · · · · · · · · · · · · · · · · · |
| Phone number of the Parent/Guardian/ Sponsor*: | |
| Relationship with the Applicant: | |
| Signature: | |
| Official Stamp: (If applic | <i>able</i>) Date: |
| PART E: APPLICANT'S DECLARATION | . (Name of Applicant as shown in academic certificates) |
| certify that the above information given is correct to | |
| (Signature) | (Date) |

*Delete whichever not applicable.