



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF NATURAL RESOURCES AND  
TOURISM  
BEEKEEPING TRAINING INSTITUTE - TABORA



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Dear Student:

**RE: JOINING INSTRUCTIONS AND INFORMATION FOR FRESHERS**

1. *Congratulations to all newcomers! Welcome* to the Beekeeping Training Institute, 2024/25 intake,
2. I am pleased to inform you that, you have been selected to pursue a two-year Course in Beekeeping starting in the Academic year **2024/25**.
3. You are required to report at the Institute on **12<sup>th</sup> October 2024** and not later than **25<sup>th</sup> October 2024**, otherwise your admission will be subject to cancellation. Detailed instructions will be issued to you on your arrival at the Institute. For continuing students, the opening date will be **21<sup>st</sup> October 2024**.
4. You are encouraged to report to the institute on the prescribed date to get a health insurance card, identity card, field working gear and attend various seminars in the orientation week.
5. Be informed that registration hours will be **08:00 AM to 4:00 PM** for **14 days** from **12<sup>th</sup> October 2024**
6. 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.
7. This joining instruction should be treated as an Admission Letter and it should be produced to the Institute's authority upon your arrival.

8. You shall fill up personal details in the registration form at the time of registration therefore, you must come with the following original documents for registration:
  - i. Cash deposit slip
  - ii. Academic Certificate(s)
  - iii. Valid academic result Slip/Transcripts
  - iv. Dully filled medical examination report form by a recognized Doctor from a Government Hospital.
  - v. Birth certificate
  
9. Every student is expected to be exemplary in good behavior and maintain self-respect by the rules and regulations of the Institute. The institute's Rules, Guidelines, and Regulations shall be provided to you after registration.
  
10. Non-hostel students are advised to do exhaustively arrangement of their accommodation before the commencement of the Training timetable.
  
11. All hostel students are required to fill in the room Rental Agreement. After registration, the Institute's Rules, Guidelines, and Regulations shall be provided to you before paying for accommodation.
  
12. **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.**
  
13. **Direct Institute Costs (Payable to the Institute)**

S/N	ITEM	NTA Level 4	NTA Level 5	NTA Level 6
1	Tuition Fee	915,000	1,025,000	1,125,000
2	Examination fee	25,000	25,000	25,000
3	Research Project	-	-	150,000
4	Registration	15,000	-	15,000
5	Students' government	20,000	-	20,000
6	Caution money	10,000	-	10,000
7	Medical Fee	61,000	61,000	61,000
8	Contribution to Sports	10,000	-	10,000
9	Quality Assurance Fee	15,000	15,000	15,000
10	Graduation	-	20,000	20,000
<b>TOTAL</b>		<b>1,071,000</b>	<b>1,146,000</b>	<b>1,451,000</b>

#### 14. Recommended Direct Student's Costs (Payable to the Institute)

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

**NOTE:** *All students selected by TAMISEMI shall pay registration fees of TZS 5,000/- through control number developed from the NACTVET student's registration system during registration.*

#### 15. Mode of payments payable to the principal:

- i. Students may pay fully or in two installments:
  - a) At the beginning of the academic year (first semester) **not less than 50% of the tuition fee and fully payment of other contributions.**
  - b) At the beginning of the second semester, **the last 50% of the tuition fee.**
- ii. All Payments payable to the principal should be made through the Control number (**Government electronic Payment Gateway**) which will be developed after communication with the Institute via the **Registrar of Students: +255 757 011 187**

**NOTE:** *Any payment done without using the control number shall not be recognized and will be at the payers' risk.*

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

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

17. Lastly, may I kindly wish you a happy and safe journey to Beekeeping Training Institute, Tabora and wish you all the best in your academic carrier at BTI.

**SEMU L DAUD**  
**PRINCIPAL**

13/06/2024



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## 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
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..... Title	..... Qualification
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Address: Official Stamp from hospital director

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\* Delete as necessary