



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS
ARDHI INSTITUTE MOROGORO



JOINING INSTRUCTIONS FOR ACADEMIC YEAR 2024/2025

Dear Mr. /Miss/Mrs

I am pleased to inform you that you have been selected to join Ardhi Institute Morogoro to pursue the Basic Technician Certificate / Technician Certificate / Ordinary Diploma in Geomatics/Urban and Regional Planning/Geographical Information System programme. Your actual admission will be subject to accepting and fulfilling the following conditions:

1. MEDICAL EXAMINATION:

Admission to the Institute is conditional upon a satisfactory medical report being received by the Institute Authority. You are therefore required to undergo a medical examination by a registered Medical Doctor before coming to this Institute.

See attached Form S.2

2. ACCOMODATION:

The Institute has few hostels to accommodate all students, so will first provide accommodation to those with accommodation fee. For those students who will not get campus accommodation are advised to look for their own accommodation off campus.

3. REGISTRATION:

During registration you are required to bring **ORIGINAL** and **CERTIFIED COPIES** of Academic Certificates i.e. Form IV/Form VI Certificate or Equivalent Qualification, Birth Certificate, and Three (03) recent identical stamp size photographs. **NON-CERTIFIED COPIES** of certificates will not be accepted. It should be borne in mind that it is a criminal offence to submit false information.

NB: Students registration will be done in two (02) Weeks after opening the Institute, failure to do so you will lose your admission.

4. RELEASE FROM EMPLOYMENT:

The Institute advices employed candidates to obtain release letter from his/her employer to pursue studies at Ardhi Institute Morogoro.

5. TUITION FEES:

The following are the fee structure for Basic Technician Certificate, Technician Certificate and Ordinary Diploma courses in **Geomatics, Urban and Regional Planning, Geographical Information System** Programmes for 2024/2025 academic year. All payments to the Institute must be paid through the INSTITUTE BANK ACCOUNT via CONTROL NUMBER to be provided by Institute accountant upon request using the contacts provided. No student will be registered without paying the required fees. ***Cash payments will not be accepted.***

A: FEES PAYABLE DIRECTLY TO THE INSTITUTE

S/N	DESCRIPTION OF FEE COMPONENTS	BASIC TECHNICIAN CERTIFICATE (NTA 4)	TECHNICIAN CERTIFICATE (NTA 5)	ORDINARY DIPLOMA (NTA 6)
1.	Tuition fee	800,000/=	1,000,000/=	1,000,000/=
2.	Registration fee (annually)	30,000/=	30,000/=	30,000/=
3.	Exams & NACTE fee (annually)	170,000/=	170,000/=	170,000/=
TOTAL		1,000,000/=	1,200,000/=	1,200,000/=

MODE OF PAYMENT

Tuition Fees can either be paid once or two installments in one academic year as shown hereunder.

S/N	COURSES	1 ST SEMESTER	2 ND SEMESTER	TOTAL TSHS.
1.	BASIC TECHNICIAN CERTIFICATES (NTA 4)	500,000/=	500,000/=	1,000,000/=
2.	TECHNICIAN CERTIFICATES (NTA 5)	600,000/=	600,000/=	1,200,000/=
3.	ORDINARY DIPLOMA (NTA 6)	600,000/=	600,000/=	1,200,000/=

NB: Each payment shall be due at the beginning of each semester prior to registration

B: ALLOWANCES PAYABLE DIRECTLY TO THE STUDENTS BY PARENTS / GUARDIANS/ SPONSORS

S/N	DESCRIPTION	DURATION	AMOUNT
1.	Fieldwork practical attachment (For NTA6 and NTA5 Students)	During Industrial Practical Training period (49 Days) Allowance rate per day 7,500/=	367,500/=
2.	Minimum meal allowance	Per day 7,500/= x 245 days	1,837,500 /=-
3.	Campus Accommodation	Annually (No instalments)	150,000/=
4.	Project Report writing	For NTA6 students only	100,000/=

C:DIRECT COSTS PAYABLE TO THE INSTITUTE

S/N	DESCRIPTION	DURATION	AMOUNT
1	Caution money	Once	30,000/=
2	Identity card	Every year	10,000/=
3	Medical expenses (NHIF)	Every year	50,400/
4	Student Organization	Every year	10,000/=
5	T-Shirt	Once	15,000/=
6	Graduation gown	Every year	20,000/=
TOTAL			135,400/=

6. EQUIPMENT REQUIRED

You are required to come with the following equipment for use during the studies for Geomatics and Urban and Regional Planning students;

- Computer (Laptop).
- Drawing equipment's (Scale Ruler, Clutch Pencil, etc.)
- Scientific Calculator.

7. CLOTHING AND BEDDING

For those who will be accommodated by the Institutes Hostels, you are supposed to come with the descent attire. The Institute will only provide you with a bed and a mattress. You are therefore advised to bring with you the following:

- Blanket
- Bed Sheets
- Pillow
- Mosquito net
- Buckets

9. DATE OF OPENING THE INSTITUTE

The opening date is on 25th March, 2024. If for any reason you choose to postpone your admission to the next academic year, put it into writing at least one week before opening date. Failure to do so will result into an automatic loss of your admission at the Institute.

All correspondents should be addressed to the Principal Ardhi Institute Morogoro, P.O Box 155 MOROGORO.

10. GENERAL INFORMATIONS

- a) Fees once paid to the Institute are NOT REFUNDABLE under any circumstances.
- b) Accommodation fee should be paid through the Institute bank account via control number to be provided by Institute accountant upon request.
- c) Money for private use should not be deposited into the Institute bank account. In default thereof 10% will be charged as bank charges.
- d) The Institute deserves the right to change the rate of fees at any time during the year as deemed fit.
- e) No student shall be allowed to sit for the Institute examinations without paying fees.
- f) Location of ARDHI INSTITUTE MOROGORO

The Institute is located at the center of Morogoro municipality along old Dar es Salaam road. The Institute is nearby Magereza, Bungo Primary School, Morogoro Referral Hospital. It is 6 km from the main bus terminal.



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MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS

ARDHI INSTITUTE MOROGORO



Form: S.1

To: Principal,
Ardhi Institute Morogoro,
P.O. Box 155,
Morogoro.

Date:

RE: ADMISSION ACKNOWLEDGEMENT

1. I acknowledge receipt of **JOINING INSTRUCTIONS** and confirm my acceptance of study at the Ardhi Institute Morogoro in the Programme of (Basic Technician Certificate/ Technician Certificate in Geomatics/ Geographical Information System /Urban and Regional Planning)
2. I confirm that my admission to the Institute is on the understanding that I will complete the course I have been admitted to, unless required otherwise by the Institute.
3. I confirm further that during my course of study my fees will be paid through: -
 - a. *Scholarship ||
 - b. *By Employer ||
 - c. *Private Means ||
4. I understand that I shall be required to promise solemnly to seek the truth, to study diligently, to live circumspectly, to obey the Principal of the Institute and those to whom my obedience is required, and to comply with the Regulations of the Institute and in all things to promote the good of the academic community.

Name:

Gender:

Disability if any:

Postal Address:

Mobile No:

Yours sincerely,
Signature:

MEDICAL REPORT: FORM S.2

Admission to Ardhi Institute is conditional upon receipt of a satisfactory medical report. The Medical practitioner to whom this Form S. 2 is presented is requested to return it completed immediately to the Principal, Ardhi Institute Morogoro, P. O. Box 155, Morogoro.

SURNAME: OTHER NAMES:.....

COURSE:

DATE OF BIRTH:.....SEX.....

MARITAL STATUS:

A: PERSONAL HISTORY

Has examinee suffered from any of the following? If yes, indicate date and diagnosis. If not, please write 'NO' in the appropriate space,

- Tuberculosis Other respiratory diseases
- Cardiac disease
- Gastro - intestinal disease
- Renal or Genital - Urinary disease
- Syphilis or Gonorrhoea.....
- Emotional disease or Psychosis
- Serious injuries.....
- Allergic or Asthma
- Any operations?
- Any fits?.....

B: LABORATORY

1. Urine: Albumin

Sugar

Leucocytes.....

Bilharzias.....

2. Stool.....

C: PHYSICAL EXAMINATION

1. Height cm

Weight..... kg

2. Skin disease

3. Eye conjunctive

Sight: Without glasses: Right

With glasses: Right

- Please state condition of:

Ear (if any discharge)

Mouth and throatNose.....

4. Respiratory System:

Any abnormality?

5. Cardiovascular system:

- Blood pressure: systolic Diastolic
- Heart: Any Murmur? Arteries and Veins
- Abdomen.....
- Hernia Hydrocele Masses
- Liver Spleen KidneyRectal
- Any clinical evidence of hyperacidity or gastric - duodenal ulcer?.....
- Special emphasis on Hookworm or Bilharzia

6. Blood examination: Hemoglobin..... Differential count:

- Neutrophils..... Eosinophils Basophils
- Lymphocytes..... Monocytes

D: X-RAY EXAMINATION

X-Ray (chest). (Send the X ray film)

Report:

E: CONCLUSION

I have examined Mr. /Miss/Mrs.....

And consider that he/ she is Fit/Not fit* to be admitted to the Course applied for, and will be answerable for any false information provided here to.

Date: Signature:

Name: Title:

Address:..... Qualification:

*Delete whichever does not apply.

NB: Medical examination must be done through Government Hospitals or Government Health Centers.

STUDENT REGISTRATION: FORM S.3

PART A: PERSONAL PARTICULARS AND ACADEMIC HISTORY

1. Surname:First Name: Middle Names:
2. Gender: Male. Female
3. Marital Status: Married Single
(If Married State Date of Marriage)
4. Date of Birth: Date:Month..... Year.....
5. Age on Entry.....
6. Religion: (Christian, Muslim, Hindu, Etc)
7. Country of Origin:District of Origin:Ward:Nationality:....
.....
8. Country of Residence:..... District of Residence..... Ward:.....
9. PERMANENT HOME ADDRESSES:
 - P. O. Box:
 - Town/city:
 - TEL. No: (Include the area code)
 - Fax No: (include the area code)
 - E-Mail:
10. FINANCIAL SPONSOR:
Name of sponsor.....
11. SECONDARY SCHOOL ATTENDED: (Give date)
 1. School: From..... To
 2. School: From To.....
12. EMPLOYMENT RECORD:
For those who are employed, state which organization (Ministry/Department) you have been working for:
- (a) Name of your current employer:
- (b) Have you been officially released by your Employer? Yes.....No.....
If yes, justify.....
13. EXTRA CURRICULAR ACTIVITIES:
What are your extra-curricular activities?.....
14. OCCUPATION GOAL:
What is your occupational goal?
15. NAME OF PARENT OR GUARDIAN:
 - a. Name:..... Relationship
 - b. Postal Address:
 - c. Email.....Phone NO.:

d. Place of residenceRegionCountry

16. NAME OF NEXT TO KIN

- a. Name.....Relationship.....
- b. Postal Address:.....
- c. Email:Phone NO.....
- d. Place of residenceRegion....Country.....

17. CRIMINAL RECORD

Have you ever been convicted of a criminal offence?.....

If yes, give brief particulars of the offence including date and court of conviction:

.....
.....

18. NATIONAL SERVICE:

- a. Have you already been in the National Service?.....If yes, Give reasons.....
- b. Given the name (s) of the camp (s) you have attended.....
- c. Give your National Service No

19. STATEMENT BY STUDENT

I hereby certify that the information, which I have given above, is correct to the best of my knowledge.

Signature of Student..... Date: