



**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LANDS, HOUSING AND HUMAN
SETTLEMENTS DEVELOPMENT**



ARDHI INSTITUTE MOROGORO

**JOINING INSTRUCTIONS
FOR 2021/2022 ACADEMIC YEAR**

CONTACT ADDRESS:

**ARDHI INSTITUTE MOROGORO
P.O.BOX 155
MOROGORO**

Phone: 023 2603061
Fax: 023 2600076
Email: info@arimo.ac.tz
Website: <http://www.arimo.ac.tz>

Dear Mr. /Miss/Ms.....

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 or Urban and Regional Planning 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 first in first served. 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** or **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 2 Weeks after opening the Institute, failure to do so you will loose your admission.

4. RELEASE FROM EMPLOYMENT:

Ardhi Institute Morogoro will not register any employed candidate as a student unless the Institute authority receives written evidence from candidate's employer that he/she has been officially released from his/her job in order to pursue studies at this Institute.

5. TUITION FEES:

The following is the fee structure for Basic Technician Certificate, Technician Certificate and Ordinary Diploma courses in **Geomatics** and **Urban and Regional Planning** Programmes for 2021/2022 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

Payment can either paid in full or by instalment as shown hereunder.

S/N	COURSES	1ST SEMESTER	2ND 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 instalment 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)	290,000/=
2.	Minimum meal allowance	Per day (5,000/= x 245 days = 1,225,000/=)	1,225,000/=
3.	Campus Accommodation	Annually (No instalments)	120,000/=
4.	Project Report writing	For NTA6 students only	100,000/=

C: DIRECT COSTS

S/N	DESCRIPTION	DURATION	AMOUNT
1	Caution money	Once	30,000/=
2	Identity card	Once	10,000/=
3	Medical expenses	NHIF per year	50,400/
4	Student Organization	Once per year	10,000/=
5	T-Shirt	Once	15,000/=
TOTAL			115,400/=

6. FIELDWORK PRACTICAL ALLOWANCE

Fieldwork practical allowance rate is 10,000/= per day excluding transport. Total duration for the field work is 49 days; therefore, for pre-service students (**A student who has completed either Form four (IV) or Form six (VI)**) the Institute will pay him/her (245,000/=) of the fieldwork costs which is 50% of the total costs and **the other 50% must be paid by Parents/Guardians/Sponsors. For in-service students' fieldwork costs is ENTIRELY the responsibility of their employers/sponsors.** The Institute will not involve itself with accommodation and medical expenses during fieldwork.

7. EQUIPMENT REQUIRED

You are required to come with the following equipment for use during the course: -

A: For Geomatics Students

- Scientific Calculator.
- Scale Ruler.
- Computer (Laptop) – This is optional, not mandatory.

B: For Urban and Regional Planning Students

- Drawing equipments (Scale Ruler, Clutch Pencil, etc)
- Computer (Laptop) – This is optional, not mandatory.

8. CLOTHING AND BEDDING:

The Institute will 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 18th October, 2021. 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.

ARDHI INSTITUTE MOROGORO

Tel: 023 2603061
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P.O. Box 155
Morogoro.

Form: S.1

Date:.....

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

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/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,

- TuberculosisOther 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. Heightcm
Weightkg
2. Skin disease

3. Eye conjunctive Pupils
- Sight: Without glasses: RightLeft.....
 - With glasses: Right Left
 - Please state condition of:
 - Ear (if any discharge)
 - Mouth and throat
 - Nose
4. Respiratory System:
Any abnormality?.....
5. Cardiovascular system:
- Blood pressure: systolic Diastolic
 - Heart: Any Murmur? Arteries and Veins
 - Abdomen.....
 - HerniaHydroceleMasses
 - LiverSpleenKidneyRectal
 - Any clinical evidence of hyperacidity or gastric – duodenal ulcer?.....
 - Special emphasis on Hookworm or Bilharzia.....
6. Blood examination: Haemoglobin
- Differential count:
- NeutrophilsEusinophilsBasophils.....
 - LymphocytesMonocytes.....

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 Centres.

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 ResidenceWard:

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

3. School: From To

12. MANNER OF ENTRY TO THE INSTITUTE:

With 'O'/'A' level qualifications/Equivalent* qualifications.....

13. NATIONAL FORM IV/SCHOOL CERTIFICATE OR ORDINARY LEVEL OR G.C.E. RESULTS:

SUBJECT	GRADE	MARK	DATE	FOR OFFICIAL USE ONLY

Examination AuthorityIndex. No.
Examination Centre (School)Country.....
Class of Certificate

14. NATIONAL FORM VI/H.S.C. OR ADVANCED LEVEL SCHOOL CERTIFICATE

SUBJECT	GRADE	MARK	DATE	FOR OFFICIAL USE ONLY

Examination AuthorityIndex No.
Examination Centre (School)

State any other qualifications you have:.....

15. 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.....

16. EXTRA CURRICULAR ACTIVITIES:

What are your extra-curricular activities?.....

17. OCCUPATION GOAL:

What is your occupational goal?

18. NAME OF PARENT OR GUARDIAN:

(a) Name:.....Relationship

(b) Postal Address:

(c) EmailPhone NO:.....

(d) Place of residence.....Region.....Country.....

19. NAME OF NEXT TO KIN

(a) Name:.....Relationship

(b) Postal Address:

(c) EmailPhone NO:.....

(d) Place of residence.....Region.....Country.....

20. 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:.....

21. 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.

22. 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: