

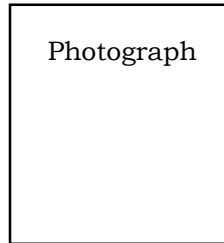


**THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF LANDS, HOUSING AND HUMAN  
SETTLEMENTS DEVELOPMENT**

**ARDHI INSTITUTE TABORA  
P.O. BOX 744, TABORA  
TEL. 026-2604591, FAX. 026-2604928  
E-mail: arita@arita.ac.tz**



FORM No.....



**APPLICATION FORM FOR BASIC TECHNICIAN CERTIFICATE  
– NTA LEVEL 4: 2021/2022**

**A. INSTRUCTIONS:**

- i. This form must be filled carefully in capital letters.
- ii. Affix a coloured passport size photograph on the space provided.
- iii. The cost of the application form is **Tshs. 10,000.00** which is non- refundable and should be deposited using **Control Number 996740005347 Principal Ardh Institute Tabora**
- iv. Duly completed application form should be returned to:  
**Registrar, Ardh Institute Tabora P.O. Box 744, Tabora OR through  
Email: [arita@arita.ac.tz](mailto:arita@arita.ac.tz)**
- v. On returning this form, applicants **MUST** attach certified photocopies of all the relevant Certificates (such as CSEE, School Leaving Certificates and Birth Certificate).
- vi. Submission of application form should be accompanied by a **Bank pay-in slip** after depositing the money into a Bank using the provided **Control Number**.
- vii. **Consideration** will be made to all applicants who meet the **minimum entry requirement** for each Course.
- viii. Application forms must reach the Institute on or before 29<sup>th</sup> September 2021

**B. APPLICANT’S PARTICULARS.**

- (i) NAME OF APPLICANT.....  
**(as used in the form four national examinations)**
- (ii) MOBILE PHONE NO.....E-mail address.....
- (iii) DATE OF BIRTH.....
- (iv) GENDER: Male  Female
- (v) NATIONALITY.....
- (vi) NAME OF O-LEVEL SEC. SCHOOL.....

(vii) **National form IV/Ordinary Level School Certificate (CSEE) results**

Your selection and admission to the Institute will be determined by the CSEE results. Please submit a certified photocopy of CSEE and any other relevant qualifications with this application. If your certificate has not been released by NECTA, valid result slips **will be accepted.**

Please select two (2) courses according to the order of preference and indicate in the column of selection. **Key: 1=First preference, 2=Second preference**

<b>Programs</b>	<b>Minimum form IV requirements</b>	<b>Preference</b>
Graphic Arts and Printing	Four passes; one of the passes should be either in Chemistry, Physics, Painting & sign writing or Engineering Science subjects.	
Cartography	Four passes; one of the passes should be either in Geography, Maths, Architectural Draughting, Building Construction or Surveying subjects. <b>OR</b> A holder of NVA Level 3 Certificate (VETA graduates) in Information & Communication Technology and Civil Draughting	
Land Management, Valuation and Registration	Four passes; one of the passes should be either in English or History.	

C. **PARENT'S/GUARDIAN'S PARTICULARS.**

- I. NAME OF PARENT/GUARDIAN.....
- II. PERMANENT CONTACT ADDRESS.....  
.....
- III. MOBILE TELEPHONE NO.....
- IV. E-mail address.....
- V. OCCUPATION:.....

D. **EMPLOYER'S PARTICULARS** (If applicable)

- I. NAME OF EMPLOYER.....
- II. DESIGNATION (JOB TITLE):.....
- III. CONTACT ADDRESS.....  
.....
- IV. OFFICE TELEPHONE NO. ....
- V. OFFICE E-mail ADDRESS:.....

E. **DECLARATION BY PARENT/GUARDIAN/EMPLOYER.**

I .....(name) declare that:

- (i) If selected, .....(name of applicant) will abide by the Institute's rules and regulations.
- (ii) I will pay all the fees and other Institute charges in time and give him/her all facilities required by the Institute.

Signature..... Date.....

Official Stamp (If applicable)

F. **COMMITMENT BY APPLICANT**

I.....(name) if admitted, will adhere to the Institute's laid down rules and regulations.

Signature..... Date.....

G. **FOR OFFICIAL USE ONLY**  
***(DO NOT WRITE ANYTHING IN THIS PART)***

**1. Recommendations by the Registrar:**

Received and accepted/not accepted for consideration

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

**2. Decision of the Institute Admission Committee**

Approved/not approved for Admission to the Course in

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Name and signature of Chairman

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Name and signature of Secretary

Date.....

Official Stamp