

The United Republic of Tanzania  
**MINISTRY OF NATURAL RESOURCES AND TOURISM**  
**WILDLIFE DIVISION**  
**PASIANSI WILDLIFE TRAINING INSTITUTE**



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Ref. No. NRI/F.51/TCWLE/13/

Date: 21/09/2021

**REF: ADMISSION FOR NTA 5 – TECHNICIAN CERTIFICATE IN WILDLIFE  
 MANAGEMENT AND LAW ENFORCEMENT COURSE, ACADEMIC YEAR 2021/2022**

We are glad to inform you that you have been selected to join Pasiansi Wildlife Training Institute-Mwanza for the course, **Technician Certificate in Wildlife Management and Law Enforcement (TCWLE) – NTA Level 5**. You are required to report at The Institute for registration and orientation on **Monday 18<sup>th</sup> October 2021**. The last date for reporting will be on **Wednesday 20<sup>th</sup> October 2021** at **1800 hours**.

**1. Payment for Training:**

(a) Students are required to pay fees as per the schedule indicated below:

<b>Fees structure for NTA 5</b>					
<b>Description of item(s)</b>	<b>Semester I</b>		<b>Semester II</b>		<b>Total (TZS)</b>
	<b>On Reporting</b>	<b>25 Jan 2022</b>	<b>On Reporting</b>	<b>25 June 2022</b>	
Meals	251,250	300,000	300,000	251,250	1,102,500
Accommodation	333,750	0	150,900	83,750	568,400
Two pairs of (full combat, short trousers & T-shirts)	250,000	0	0	0	250,000
Tuition fees	365,000	235,000	400,000	200,000	1,200,000
Stationery	20,000	0	0	0	20,000
Medical service (Dispensary)	10,000	0	10,000	0	20,000
Graduation	0	0	0	20,000	20,000
Registration and Identity Card	20,000	0	0	0	20,000
NACTE fees	15,000	0	0	0	15,000
Transcript	0	0	0	5,000	5,000
Caution money	20,000	0	0	0	20,000
<b>Total (TZS)</b>	<b>1,285,000</b>	<b>535,000</b>	<b>860,900</b>	<b>560,000</b>	<b>3,240,900</b>

(b) All payments shall be done through a **Control number** that will be generated by the Institute for each student. **FEES ONCE PAID IS NON-REFUNDABLE**.

(c) Students can obtain a Control number by calling **0763 579 082, 0784 245 828** with details of full name, form four index number, and physical address.

## 2. Personal effects

- i). One pair of rubber shoes “raba” for jogging and physical training.
- ii). One pair of forest green tracksuits for sports.
- iii). One pair of rain boots
- iv). A green raincoat
- v). A ten-litre bucket
- vi). 500 ml aluminum cup, rectangular mess tin and spoon
- vii). Two pairs of thick socks (for wearing with boots) and two pair of light green - long socks.
- viii). One khaki/ light green rucksack (backpack) for carrying items for field training.
- ix). One plain grey coloured blanket (blanketi rangi ya kijivu inaweza kuwa na ufito mmoja au miwili kwa juu (blanketi za shuleni).
- x). One pillow and two white pillowcases.
- xi). One pair of plain white bed sheets.
- xii). One white mosquito net size 3 x 6 inches square.
- xiii). One plain color towel.
- xiv). Black shoe polish and a shoe brush.
- xv). Detergents/cake soap for washing linen and clothes as well as bath soap.
- xvi). One plain green or dark/army green sweater.
- xvii). Personal learning materials:
  - Photocopy services for handouts/notes costing at least TZS 30,000/= per semester
  - Clip Board
  - Mathematical set
  - Calculator
  - Dictionary

## 3. Personal Emoluments and other financial payments

- i). Employed students are obliged to make all necessary arrangements on how they shall be getting their emoluments and other payments from their employers before reporting for training. The Institute will not be responsible for disbursement of emoluments and other financial payments to students except on special arrangements between respective employers and the Institute. No permission will be granted to any student seeking leave for pursuing emoluments and other payments from his/her employer.
  - ii). Private students are equally required to make prior arrangements that will facilitate fluent receipt of their money for basic requirements from their parents/sponsors that will not require them to seek leave in pursuit of the payments.
  - iii). Mount Kilimanjaro hiking is field training practical during semester two. The hiking gears expenses lay upon the students themselves which cost TZS 80,000/= on hiring.
4. Every student is required to undergo a medical examination at any government hospital. A candidate who is physically and mentally unfit will be disqualified from studies. A medical examination form is attached herewith.
  5. Students are advised to come with field guides on birds, mammals, reptiles, plants, invertebrates, and fish for private study as the Institute does not have enough field guides.
  6. All students are required to bring with them, their **original academic and birth certificates**.
  7. Each student must possess **National Health Insurance Card (NHIF)**. Those who do not have NHIF card shall pay **TZS 50,400/-** for the card to be processed at the Institute.

For further information please, contact the Institute through the above address or the following phone numbers **028 2560 333, 0785 492 844**.

Once again, congratulations for being selected to join study at Pasiansi Wildlife Training Institute.

Faustine I. Masalu  
**PRINCIPAL**

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**PARAMILITARY TRAINING MEDICAL EXAMINATION FORM**

FIRST NAME.....SURNAME.....OTHER NAMES.....  
AGE..... SEX..... TRIBE.....  
MARITAL STATUS..... CITIZENSHIP.....

**PERSONAL HISTORY**

Is the examinee suffering from any of the following? Indicate Yes or No.

- |   |                                    |
|---|------------------------------------|
| 1. Tuberculosis.....                        | 2. Pneumonia.....                  |
| 3. Pleurisy.....                            | 4. Asthma.....                     |
| 5. Rheumatic fever.....                     | 6. Allergy disorder.....           |
| 7. Heart disease.....                       | 8. Gastric or duodenal.....        |
| 9. Recurrent indigestion.....               | 10. Jaundice.....                  |
| 11. Dysentery.....                          | 12. Varicose veins.....            |
| 12. Kidney or urinary disease.....          | 14. Diabetes.....                  |
| 15. Epilepsy.....                           | 16. Deformity.....                 |
| 17. Psychotic.....                          | 18. Eye disorder.....              |
| 19. Ear, Nose, Throat disorder.....         | 20. Skin disease.....              |
| 21. Anemia.....                             | 22. Gynecological disorder.....    |
| 23. Malaria other topical disease.....      | 24. Cholera.....                   |
| 25. Major or Minor operation.....           | 26. <b>Serious accidents</b> ..... |
| 27. <b>Any other serious disorder</b> ..... |                                    |

**PHYSICAL EXAMINATION**

- |   |                |                      |
|---|----------------|----------------------|
| 1. Height.....  | 2. Weight..... | 3. Skin disease..... |
| 4. Eye conjunctivae<br>Pupils.....<br>Vision right..... vision left.....  |                |                      |
| 5. Please state condition of ENT:<br>Ears (if any discharge) .....<br>Mouth and throat.....<br>Nose.....                          |                |                      |
| 6. Any abnormality.....   |                |                      |
| 7. Cardiovascular system.....<br>Blood Pressure systolic..... Diastolic.....<br>Heart: Any Murmur.....<br>Arteries and veins..... |                |                      |
| 8. Abdomen:<br>Hernia.....<br>Hydrocele.....  |                |                      |

Mases.....  
Liver.....  
Kidneys.....  
Rectal.....

Any clinical evidence of hyperacidity or gastric duodenal ulcer?.....

**LABORATORY**

1. Urine albumen.....

    Sugar.....

    Bilharzia.....

2. Stool: Special emphasis on Hookworm or Bilharzia

3. Blood examination

    Hemoglobin level.....

    Neutrophils.....

    Eusinophilis.....

    Basophiles.....

    Lymphocytes.....

    Monocytes.....

    ESR.....

4. X-ray examination - chest.....

5. Serology..... Widal test..... VDRL.....

6. Pregnant test.....

**Other relevant medical remarks**.....

**CONCLUSION.**

**I have examined**

**MR/Mrs./Miss.....and consider  
that he/she is/is not physically and mentally fit to attend a course that involve physical exertion.**

.....

**Dr.**.....

.....

**Date**

**Name**

**Signature**

**Title**.....

**Address**

.....

Faustine I. Masalu  
**PRINCIPAL**