

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



Box 1432  
**MWANZA**

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Ref. No. NRI/F.51/TCWLE/16/

12 August 2024

**REF: ADMISSION FOR NTA 5 – TECHNICIAN CERTIFICATE IN WILDLIFE  
MANAGEMENT AND LAW ENFORCEMENT COURSE, ACADEMIC YEAR 2024/2025**

We are glad to inform you that you have been selected to join Pasiansi Wildlife Training Institute - Mwanza to pursue **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 30<sup>th</sup> September 2024** to **Thursday 03<sup>rd</sup> October 2024** between 08:00 am – 06:00 pm.

**1. Fees:**

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

<b>(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>30 Sep 2024</b>	<b>06 Jan 2025</b>	<b>07 Apr 2025</b>	<b>04 June 2025</b>	
Meals	251,250	300,000	300,000	251,250	1,102,500
Accommodation	333,750	0	150,900	181,750	666,400
Two pairs of (full combat, short trousers & T-shirts)	250,000	0	0	0	250,000
Tuition fees	565,000	335,000	500,000	300,000	1,700,000
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>1,485,000</b>	<b>635,000</b>	<b>960,900</b>	<b>758,000</b>	<b>3,838,900</b>

(c) 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.**

(d) Students can obtain a **Control number** by calling **0787 001 221** or **0658 027 452** with details of Full Name, Form Four Index Number, and Physical Address.

## 2. Personal effects

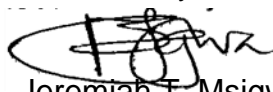
- i). One pair of complete/full black leather military boots preferably from Karanga Leather Industries Ltd. (sample available at the Institute)
- ii). Two physical training (PT) short (green) (*sample available at the Institute*)
- iii). Two round collar plain T-shirts (green) (*sample available at the Institute*)
- iv). One pair of rubber shoes “raba” for jogging and physical training.
- v). One pair of green rain boots
- vi). A green raincoat
- vii). A ten-litre bucket
- viii). One rake
- ix). 500 ml aluminum cup, rectangular compartmental dinner plate and spoon
- x). One pair of forest/jungle/dark green tracksuits with white/yellow stripes for sports.
- xi). Two pairs of thick black socks (to be worn with boots) and two pair of light green - long socks (to be worn with sport shoes).
- xii). One khaki/light green rucksack (backpack) for carrying items for field training.
- xiii). One plain grey blanket (blanketi rangi ya kijivu inaweza kuwa na ufito mmoja au miwili kwa juu (blanketi za shuleni).
- xiv). One pillow and two white pillowcases.
- xv). One pair of plain white bed sheets.
- xvi). One rectangular white mosquito net size 3 x 6 feet.
- xvii). One wilderness field mattress, or a simple foldable mattress measuring 2<sup>1</sup>/<sub>2</sub> X 6 feet (*sample available at the Institute*).
- xviii). One plain colour towel.
- xix). Black shoe polish and a shoe brush.
- xx). Detergents/cake soap for washing linen and clothes as well as bath soap.
- xxi). One army green sweater.
- xxii). Personal learning materials:
  - Clip board
  - Mathematical set
  - Simple Calculator
  - At least TZS 50,000 for photocopy services for handouts/notes per semester

## 3. Personal Emoluments and other financial payments

- i). Employed students should make all necessary arrangements on how they shall be getting their emoluments and other payments from their employers before reporting for training. 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 or 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 must 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. All students must bring with them their **original academic** and **birth certificates**.
  6. Each student must possess a **Health Insurance Card**. Students aged 18 years and above but do not have Health Insurance Cover cards **MUST** submit **NIN (NIDA)** number and pay **TZS 50,400/=** for Student NHIF card. Students aged below 18 years but do not have personal Health Insurance Cover **MUST** present either of the parents’ Health Insurance Card. **NO STUDENT** will be admitted without a Health Insurance Cover.

For further information, please contact the Institute through the above address or the following phone numbers **0282 560 333, 0658 636 897**.

Once again, congratulations for the choice to study at Pasiansi Wildlife Training Institute.



Jeremiah T. Msigwa

**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. Serious accidents.....      |
| 27. Any other serious disorder.....    |                                 |

**PHYSICAL EXAMINATION**

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

..... **Date**                      **Dr..... Name**                      **Signature**

**Title.....**

**Address .....**

This medical form has been provided for paramilitary training assessment by:

  
 Jeremiah T. Msigwa  
**PRINCIPAL**