

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



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**MWANZA**  
 Phone: +255 282560333  
 Fax: +255 282560333  
 Email: [principal@pasiansiwildlife.ac.tz](mailto:principal@pasiansiwildlife.ac.tz)  
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Ref. No. BH.9/303/01A/.....

27<sup>th</sup> August 2026.

Mr/Miss.....

**REF: ADMISSION FOR NTA 5 – TECHNICIAN CERTIFICATE IN WILDLIFE  
 MANAGEMENT AND LAW ENFORCEMENT COURSE, ACADEMIC YEAR 2026/2027**

We are glad to inform you that you have been selected to join Pasiansi Wildlife Training Institute - Mwanza to pursue the **Technician Certificate in Wildlife Management and Law Enforcement (TCWLE) – NTA Level 5**. You are required to report at the Institute for registration and orientation from **Monday, 11<sup>th</sup> October 2026 to Monday, 18<sup>th</sup> October 2026** between 08:00 am – 06:00 pm.

**1. Fees:**

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

| <b>(b) Fee structure for NTA 5</b>                    |                        |                    |                    |                     |                    |
|-------------------------------------------------------|------------------------|--------------------|--------------------|---------------------|--------------------|
| <b>Description of item(s)</b>                         | <b>Semester I</b>      |                    | <b>Semester II</b> |                     | <b>Total (TZS)</b> |
|                                                       | <b>11 October 2026</b> | <b>10 Feb 2027</b> | <b>07 May 2027</b> | <b>15 July 2027</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 made through a **Control number** that will be generated by the Institute for each student. **FEES ONCE PAID ARE NON-REFUNDABLE.**

(d) Students can obtain **Control numbers** by contacting the Institute's accountants.

## 2. Personal effects

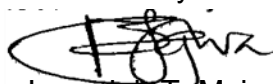
- i). One pair of complete/full black leather military boots preferably from Karanga Leather Industries Ltd. (sample available at the Institute)
- ii). Two physical training (PT) shorts (green) (*sample available at the Institute*)
- iii). Two round-collar plain T-shirts (green) (*sample available at 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-liter bucket
- viii). One squeezer and one soft broom
- 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 pairs of light green long socks (to be worn with sports 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 2½ 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 to pursue emoluments and other payments from his/her employer.
  - ii). Private students are equally required to make prior arrangements that will facilitate the smooth receipt of their money for basic requirements from their parents or sponsors, which will not require them to seek leave in pursuit of the payments.
  - iii). Mount Kilimanjaro hiking is a field training practical during semester two. The hiking gear expenses lie upon the students themselves, which cost TZS 80,000/= for 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 who do not have Health Insurance Cover cards **MUST** submit their **NIN (NIDA)** number and pay **TZS 50,400/=** for a Student NHIF card. Students aged below 18 years but who do not have personal Health Insurance Cover **MUST** present either of the parents' Health Insurance Cards. **NO STUDENT** will be admitted without Health Insurance Cover.

For further information, please contact the Institute through the above address or the following phone numbers: **0757 407 278, 0714 326 493 or 0658 636 897.**

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

  
Jeremiah T. Msigwa  
**PRINCIPAL**

The United Republic of Tanzania  
**MINISTRY OF NATURAL RESOURCES AND TOURISM**

**RESEARCH AND TRAINING UNIT**  
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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 or other tropical 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**

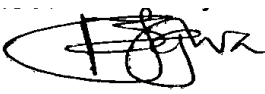
1. Urine albumen.....
    - Sugar.....
    - Bilharzia.....
  2. Stool: Special emphasis on Hookworm or Bilharzia.....
  3. Blood examination
    - Hemoglobin level.....
    - Neutrophils.....
    - Eosinophils.....
    - Basophils.....
    - Lymphocytes.....
    - Monocytes.....
    - ESR.....
  4. 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 involves physical exertion.

|                        |             |                  |
|------------------------|-------------|------------------|
| .....                  | Dr. ....    | .....            |
| <b>Date</b>            | <b>Name</b> | <b>Signature</b> |
| <br><b>Title</b> ..... |             |                  |
| <b>Address</b> .....   |             |                  |

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

  
Jeremiah T. Msigwa  
**PRINCIPAL**