



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS

DEVELOPMENT

ARDHI INSTITUTE MOROGORO



**JOINING INSTRUCTIONS FOR THE 2026/2027 ACADEMIC YEAR SEPTEMBER INTAKE**

**Dear Mr. / Ms. / Mrs.** .....

I am pleased to inform you that you have been selected to join to Ardhi Institute Morogoro. You will be pursuing the **Basic Technician Certificate / Technician Certificate / Ordinary Diploma in Geomatics / Urban and Regional Planning / Geographical Information System / Land Management, Valuation, and Registration.**

Your formal admission is subject to your acceptance of, and compliance with, the following conditions:

**1. Medical Examination**

Admission to the Institute is conditional upon the receipt of a satisfactory medical report by the Institute Authority. You are required to undergo a medical examination by a registered Medical Doctor before arriving at the Institute. Please use the attached **Form S.2** for this purpose.

**2. Accommodation**

The Institute has limited hostel space and cannot accommodate all students. On-campus accommodation will be allocated strictly to those who pay the accommodation fee, on a first-come, first-served basis. Students who do not secure campus housing are advised to arrange their own off-campus accommodation.

**3. Registration**

During the registration process, you must present the **ORIGINAL** and **CERTIFIED COPIES** of the following documents:

- Certificate of Secondary Education Examination (CSEE / Form IV),
- Advanced Certificate of Secondary Education Examination (ACSEE), or equivalent qualifications.
- Birth Certificate, Three (3) recent, identical, stamp-sized photographs.

**Please Note:** Non-certified copies of certificates will not be accepted. Presenting forged or false information is a criminal offense.

- **Important Deadline:** Student registration will close exactly **two (2) weeks** after the Institute opens. Failure to register within this period will lead to the release of your admission.

**4. Release from Employment**

The Institute strongly advises all employed candidates to obtain an official release letter from their employers before commencing their studies at Ardhi Institute Morogoro.

**5. Tuition Fees and Payments**

The approved fee structure applies to the Basic Technician Certificate, Technician Certificate, and Ordinary Diploma courses for the 2026/2027 academic year.

- **Payment Method:** All fees must be deposited into the Institute's bank account using a specific **Control Number**. You must request your Control Number from the Institute Accountant using the contact details provided below. **No Cash Policy:** Cash payments will

not be accepted under any circumstances. No student will be registered without paying the required initial fees.

## **FEE STRUCTURE & FINANCIAL REQUIREMENTS (2026/2027)**

### **A. Fees Payable Directly to the Institute**

Institutional fees listed below must be paid using a designated control number prior to registration.

<b>S/N</b>	<b>Fee Component</b>	<b>Basic Certificate (NTA 4)</b>	<b>Technician Certificate (NTA 5)</b>	<b>Ordinary Diploma (NTA 6)</b>
1	Tuition Fee	800,000/=	1,000,000/=	1,000,000/=
2	Registration Fee	30,000/=	30,000/=	30,000/=
3	Examination & NACTE Fee (Annual)	170,000/=	170,000/=	170,000/=
	<b>TOTAL FEES</b>	<b>1,000,000/=</b>	<b>1,200,000/=</b>	<b>1,200,000/=</b>

### **Approved Installment Plan (Tuition Only)**

Tuition fees can either be paid in full at the start of the academic year or split into two equal semester installments.

<b>S/N</b>	<b>Course Level</b>	<b>1st Semester</b>	<b>2nd Semester</b>	<b>Total Fees</b>
1	Basic Technician Certificate (NTA 4)	500,000/=	500,000/=	1,000,000/=
2	Technician Certificate (NTA 5)	600,000/=	600,000/=	1,200,000/=
3	Ordinary Diploma (NTA 6)	600,000/=	600,000/=	1,200,000/=

Each semester payment must be settled at the beginning of the respective semester prior to registration.

### **B. Direct Costs Payable to the Institute**

These mandatory administrative and student life costs must be paid to the Institute upon arrival.

<b>S/N</b>	<b>Description</b>	<b>Frequency</b>	<b>Amount</b>
1	Caution Money	Paid once (upon entry)	30,000/=
2	Student Identity Card	Annual	10,000/=
3	Student Organization Fee	Annual	10,000/=
4	Institute T-Shirt	Paid once (upon entry)	15,000/=
5	Graduation Gown	Annual	20,000/=

	<b>TOTAL DIRECT COSTS</b>		<b>85,000/=</b>
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**Compulsory Medical Expenses (BIMA YA AFYA):** A mandatory fee of **50,400/=** for the National Health Insurance Fund must be paid separately. The unique control number for this payment will be provided directly at the Institute Dispensary.

### C. Allowances Payable Directly to Students by Parents / Guardians / Sponsors

These are estimated living and academic costs that sponsors must provide directly to the student to sustain them during their studies.

S/N	Description	Details / Duration	Estimated Amount (Tsh)
1	Fieldwork Practical Attachment	For NTA 5 & NTA 6 students during Industrial Practical Training (49 days @ 10,000/= per day)	490,000/=
2	In semester Practical Attachment	For URP NTA 4, 5 & 6 students during In-semester Practical Training (20 days @ 10,000/= per day)	200,000/=
3	Minimum Meal Allowance	Based on 245 academic days (@ 10,000/= per day)	2,450,000/=
4	Campus Accommodation (HOSTEL)	Paid annually (No installment plans permitted)	200,000/=
5	Project Report Writing	For NTA 6 students only	100,000/=

## 6. Required Equipment

Students enrolled in the **Geomatics, Geographical Information Systems (GIS), and Urban and Regional Planning** programmes must bring the following academic equipment:

- **Laptop Computer:** Capable of running required course software.
- **Drawing Instruments:** Scale ruler, clutch pencil, and related drafting tools.
- **Scientific Calculator:** For mathematical and engineering computations.

## 7. Clothing and Bedding (Hostel Requirements)

Students residing in the Institute hostels are expected to dress in decent, respectable attire. The Institute provides a bed and a mattress only. You must bring your own personal bedding and utility items, including:

- Blanket
- Bed sheets
- Pillow
- Mosquito net
- Plastic buckets

## 8. Opening Date and Postponement Procedures

The Institute will officially open for the academic year on **19<sup>th</sup> October, 2026**.

- **Postponement Policy:** If you need to defer your admission to the next academic year, you must submit a written request at least **one (1) week before** the opening date.
- **Forfeiture of Admission:** Failure to notify the Institute in writing by the deadline will result in the automatic release of your admission slot.
- **Official Mailing Address:** Send all official letters and correspondence to:

**The principal,**  
Ardhi Institute Morogoro,  
P.O. Box 155,  
Morogoro, Tanzania.

## 9. General Information and Regulations

### 9.1 Financial Regulations

- **Non-Refundable Policy:** Fees once paid to the Institute are **not refundable** under any circumstances.
- **Accommodation Payments:** Accommodation fees must be paid through the Institute's bank account using a specific control number provided by the Institute Accountant.
- **Personal Funds Warning:** Money intended for private or personal use must **not** be deposited into the Institute's bank account. A penalty fee of **10%** will be charged on any personal funds erroneously deposited.
- **Fee Structure Amendments:** The Institute reserves the absolute right to amend or change the rate of fees at any time during the academic year as deemed fit.
- **Examination Prerequisite:** No student will be permitted to sit for any Institute examinations unless all outstanding fees are fully settled.

### 9.2 Location of Ardhi Institute Morogoro

The Institute is centrally located within the Morogoro Municipality along **Old Dar es Salaam Road**.

- **Nearby Landmarks:** It is situated close to the Magereza Morogoro (Prisons), Bungo Primary School, Opposite Mchikichini A and B Primary Schools and the Morogoro Regional Referral Hospital.
- **Transit Distance:** The campus is approximately **6 kilometers** away from the main Msamvu Bus Terminal.



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## ARDHI INSTITUTE MOROGORO



**Form S1**

**Date:** \_\_\_\_\_

**RE: ACKNOWLEDGEMENT AND ACCEPTANCE OF ADMISSION**

**Referring to the heading above;**

**2. Declaration of Acceptance**

I acknowledge receipt of the official Joining Instructions and hereby confirm my acceptance of the admission offer at Ardhi Institute Morogoro for studies in the academic year 2026/2027.

I will be pursuing the (Selected) programme \_\_\_\_\_

I explicitly confirm that my admission is based on the understanding that I will complete the course for which I have been admitted, unless required or permitted otherwise by the Institute Authorities.

**3. Source of Financial Sponsorship**

I confirm that during my course of study, all required institutional fees and living costs will be covered through *(Please tick the appropriate option):*

- Government / Higher Education Scholarship
- Employer Sponsorship
- Private Means (Self, Parent, or Guardian)

**3. Code of Conduct and Regulations**

I understand that I shall be required to promise solemnly to seek the truth, to study diligently, to live circumspectly, and to obey the Principal of the Institute along with all authorized officers. I agree to strictly comply with all rules and regulations of the Institute and to promote the overall well-being of the academic community.

**STUDENT PERSONAL DETAILS**

- **Full Name:** \_\_\_\_\_ *(As it appears on your academic certificates)*
- **Gender:** \_\_\_\_\_
- **Disability (if any):** \_\_\_\_\_
- **Postal Address:** \_\_\_\_\_
- **Mobile Number:** \_\_\_\_\_

**Yours sincerely,**

\_\_\_\_\_  
**Student Signature**

**FORM S.2: MEDICAL EXAMINATION REPORT**

*(To be completed by a registered Medical Practitioner at a Government Hospital or Health Centre and returned immediately to the Institute)*

**Important Notice:** Admission to Ardhi Institute Morogoro is strictly conditional upon receipt of a satisfactory medical report.

**STUDENT BIOGRAPHICAL DETAILS**

- Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_
- Course/Programme: \_\_\_\_\_
- Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**SECTION A: PERSONAL MEDICAL HISTORY**

*Has the examinee ever suffered from any of the following? If YES, please indicate the date and diagnosis. If NO, please explicitly write 'NO' in the corresponding space.*

- Tuberculosis: \_\_\_\_\_
- Other Respiratory Diseases: \_\_\_\_\_
- Cardiac Disease: \_\_\_\_\_
- Gastro-Intestinal Disease: \_\_\_\_\_
- Renal or Genito-Urinary Disease: \_\_\_\_\_
- Syphilis or Gonorrhoea: \_\_\_\_\_
- Emotional Disease / Psychosis: \_\_\_\_\_
- Serious Injuries: \_\_\_\_\_
- Allergies or Asthma: \_\_\_\_\_
- Previous Operations: \_\_\_\_\_
- Epileptic Fits: \_\_\_\_\_

**SECTION B: LABORATORY FINDINGS**

**1. Urine Analysis**

- Albumin: \_\_\_\_\_
- Sugar: \_\_\_\_\_
- Leucocytes: \_\_\_\_\_
- Bilharzia: \_\_\_\_\_

**2. Stool Analysis**

- Findings: \_\_\_\_\_  
\_\_\_\_\_

**3. Blood Examination**

- Hemoglobin (Hb): \_\_\_\_\_
- **Differential Count:**
  - Neutrophils: \_\_\_\_\_ %
  - Eosinophils: \_\_\_\_\_ %

- Basophils: \_\_\_\_\_ %
- Lymphocytes: \_\_\_\_\_ %
- Monocytes: \_\_\_\_\_ %

**SECTION C: PHYSICAL EXAMINATION**

- **Height:** \_\_\_\_\_ cm
  - **Weight:** \_\_\_\_\_ Kg
1. **Skin:** State presence of any skin disease: \_\_\_\_\_
  2. **Eyes & Vision:**
    - Conjunctiva Condition: \_\_\_\_\_
    - **Right Eye Sight:** Without Glasses: \_\_\_\_\_ | With Glasses: \_\_\_\_\_
    - **Left Eye Sight:** Without Glasses: \_\_\_\_\_ | With Glasses: \_\_\_\_\_
  3. **ENT & Mouth:**
    - Ears (Note any discharge): \_\_\_\_\_
    - Nose: \_\_\_\_\_ Mouth & Throat: \_\_\_\_\_
  4. **Respiratory System:** Note any abnormalities: \_\_\_\_\_
  5. **Cardiovascular System:**
    - Blood Pressure: Systolic \_\_\_\_\_ mmHg | Diastolic \_\_\_\_\_ mmHg
    - Heart Murmur (if any): \_\_\_\_\_
    - Condition of Arteries & Veins: \_\_\_\_\_
  6. **Abdominal Examination:**
    - General Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_
    - Hydrocele: \_\_\_\_\_ Masses: \_\_\_\_\_
    - Liver: \_\_\_\_\_ Spleen: \_\_\_\_\_
    - Kidney: \_\_\_\_\_ Rectal: \_\_\_\_\_
  7. **Special Gastro-Intestinal Assessment:**
    - Clinical evidence of hyperacidity or gastric-duodenal ulcer: \_\_\_\_\_
    - Special emphasis on Hookworm or Bilharzia clinical signs: \_\_\_\_\_

**SECTION D: RADIOLOGICAL ASSESSMENT**

- **Chest X-Ray Report:**  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Note: Please attach and send the physical X-ray film along with this form)*

**SECTION E: MEDICAL CONCLUSION & CERTIFICATION**

I have clinically examined Mr. / Ms. / Mrs. \_\_\_\_\_ and consider that he / she is **FIT / NOT FIT** (*delete whichever does not apply*) to be admitted to the course applied for. I certify that I will be held answerable for any false information provided herein.

- **Medical Practitioner Name:** \_\_\_\_\_
- **Title / Designation:** \_\_\_\_\_
- **Qualifications:** \_\_\_\_\_
- **Official Postal Address:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Signature of Medical Practitioner**

*(Official Stamp of the Government Hospital / Health Centre)*

**STUDENT REGISTRATION: FORMS.3**

**PART A: PERSONAL PARTICULARS AND ACADEMIC HISTORY**

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Names \_\_\_\_\_

a. Gender: Male  Female

b. Marital Status: Married  or Single  (If Married State Date of Marriage \_\_\_\_\_)

c. Date of Birth: Date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age on Entry \_\_\_\_\_

d. Religion :( Christian, Muslim, Hindu, Etc.) \_\_\_\_\_ Denomination \_\_\_\_\_

e. Country of Origin: \_\_\_\_\_ District of Origin: \_\_\_\_\_ Ward: \_\_\_\_\_ Nationality: \_\_\_\_\_

f. Country of Residence: \_\_\_\_\_ Region of Residence: \_\_\_\_\_ District of Residence \_\_\_\_\_ Ward: \_\_\_\_\_

**2. Permanent Home Addresses:**

P.O. Box: \_\_\_\_\_

Town/city: \_\_\_\_\_

TEL. No: \_\_\_\_\_ (Include the area code)

Fax No: \_\_\_\_\_ (Include the area code)

E-Mail: \_\_\_\_\_

**3. Financial Sponsor:**

Name of sponsor \_\_\_\_\_

**4. Secondary School Attended: (Give Date)**

School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**5. Employment Record:**

State the name of organization (Ministry/Department) you have been working for:

Name of your current employer: \_\_\_\_\_

Have you been officially released by your Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Justify \_\_\_\_\_

**6. Extra-Curricular Activities:**

What are your extra-curricular activities? \_\_\_\_\_

**7. Occupation Goal:**

What is your occupational goal? \_\_\_\_\_

**8. Name of Parent or Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Email \_\_\_\_\_

Place of residence \_\_\_\_\_ Region: \_\_\_\_\_ Country: \_\_\_\_\_

**9. Name of Next to Kin**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Postal Address: \_\_\_\_\_ Phone No \_\_\_\_\_

Email: \_\_\_\_\_

Place of residence \_\_\_\_\_ Region \_\_\_\_\_ Country \_\_\_\_\_

**10. 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:

\_\_\_\_\_

**11. National Service:**

Have you already been in the National Service? \_\_\_\_\_

If yes, Give reasons \_\_\_\_\_

Given the name (s) of the camp(s) you have attended

\_\_\_\_\_

Give your National Service No \_\_\_\_\_

**12. 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: \_\_\_\_\_