

## **BANK OF TANZANIA TRAINING INSTITUTE**



### **FULL TIME**

E-Mail: [training@bot.go.tz](mailto:training@bot.go.tz)

Web: <http://training@bot.go.tz>

### **FULLTIME – NOVEMBER- 2020/2021**

#### **ADMISSION & JOINING INSTRUCTIONS- FULL TIME**

It is a pleasure to inform you that you have been selected for two years Diploma Course in Banking Practice and Supervision at the Bank of Tanzania Training Institute.

The Institute is located at Capri Point, Mwanza along Railway Road, near Nyamagana.

The following are necessary conditions for admission:

#### **1. DECLARATION REGARDING COMPLETION OF THE COURSE.**

All candidates confirming acceptance of vacancies in this Institute must undertake to complete the course unless required to do otherwise by the Institute. Please, sign the relevant sections of the enclosed form of acceptance of the vacancy and medical certificate. Completed forms must be returned to the Institute during Registration.

#### **2. MEDICAL EXAMINATION.**

Admission into the Institute is conditional upon a satisfactory medical report being received by the Institute. Students are therefore asked to undergo medical examination by registered medical practitioners. Use the enclosed form which should be brought with you dully filled and signed. Students, who report to the Institute without their medical reports, will have to undergo medical examination at their own expenses before admission into the Institute.

#### **3. REGISTRATION AND COURSE COMMENCEMENT.**

Registration will start on .....and the course will commence on .....If you cannot report on these dates for any reason please, inform us immediately, otherwise we shall assume that you have opted not to attend the course and the vacancy will be filled by another candidate.

#### **4. WHAT TO BRING.**

- (i) Two Passport size photographs taken recently for registration.

- (ii) National form Four Certificate and Advanced Certificate of Secondary Education (or Result slip for those who completed form four in 2019, and form six 2020).
- (iii) Birth Certificate
- (iv) Leaving Certificate
- (v) Any other relevant Certificates supporting your qualifications.

**NOTE:** - At time of registration, all certificates must be original (plus photocopy) any candidate without original certificates will not be registered.

-Submission of forged certificates or any false document is criminal offence and will be dealt according to the law.

-Names to be registered are those appearing in your National form four Certificates. No change of names will be accepted after registration

## 5. DISCIPLINE.

Students admitted to this Institute are expected to observe and abide by the students By-Laws of this Institute, Examination Regulations or any other lawful orders given by the Principal, lecturers or any other person in authority. Failure to observe or comply with any lawful order may lead to summary dismissal from the Institute.

## 6. FEE STRUCTURE PAYABLE TO THE INSTITUTE

### Mode of Payment

All fees should be paid to the BOT Training Institute account number as indicated below:

**LOCAL ACCOUNT:** TRANSFEREE BANK: BANK OF TANZANIA, A/C  
No: 9944713006- SWIFT CODE: TANZTZTXXXX

**FOREX ACCOUNT:** BANK NAME: CITY BANK SWIFT CODE: CITIU S33;  
ACCOUNT: BANK OF TANZANIA; ACCOUNT NUMBER A/C No 36113007;  
ACCOUNT HOLDER SWIFT CODE: TANZTZTX

Fees must be paid in the following modes before qualifying for registration

### DIPLOMA (YEAR ONE)

INSTALMENT	ITEMS	DIPLOMA ONE YEAR	DEADLINE FOR PAYMENT
1 <sup>ST</sup> INSTALMENT	Tuition Fees	250,000	
	Research /Field fees	105,000	
	Registration Fees	50,000	
	Examination Fees	50,000	
	NACTE Fees	15,000	
	Student Union contribution	20,000	
	NHIF Fees	50,000	
	Student ID	10,000	
	Caution Money	50,000	
	<b>Total</b>	<b>600,000</b>	

	<b>FOREIGN STUDENTS(US \$)</b>	<b>XXX</b>	
<b>2<sup>ND</sup> INSTALMENT</b>	Tuition Fees	<b>250,000</b>	
	Research /Field fees		
	Registration Fees	-	
	Examination Fess	-	
	Student Union contribution	-	
	NHIF Fees	-	
	Student ID	-	
	Caution Money	-	
	<b>Total</b>	<b>250,000</b>	
	<b>FOREIGN STUDENTS(US \$)</b>	<b>XXX</b>	
<b>3<sup>RD</sup> INSTALMENT</b>	Tuition Fees	<b>500,000</b>	
	<b>FOREIGN STUDENTS(US \$)</b>	<b>XXX</b>	
	<b>Total tuition fees for 1<sup>st</sup> Year</b>	<b>1,350,000/=</b>	
	<b>Total tuition fees for foreign students (US \$)</b>	<b>XXXX</b>	

## 7. ALLOWANCES PAYABLE DIRECT TO STUDENTS

The following are recommended rates for various payments by sponsors that can be made directly to students:

### A. Books and Stationery Allowance

Diploma students: TZS. 400,000 per annum.

Postgraduate Diploma TZS. 500,000 per annum.

Production of Project/Field Report

Diploma students: TZS. 200,000 per annum.

Postgraduate Diploma TZS. 300,000 per annum

### B. Field Allowances

At least TZS 10,000 per day subject to any variations as may be provided for by the sponsor. Field practical for Diploma shall be for 10 weeks per year.

### C. On Campus Accommodation (per semester)

**Single occupant room:**

TZS. 720,000 per occupant – Tanzania, EAC and SADC students.

US\$ 1,000 per occupant – Non EAC and SADC students

**Double occupant rooms:**

TZS. 500,000 per occupant – Tanzania and EAC students

US\$ 720 per occupant – Non EAC and SADC students

**D. On-campus meals (per day)**

Meals include breakfast, ten o'clock tea/coffee, lunch, afternoon tea/coffee, supper and mineral water) cost TZS. 25,000/=.

*\*These are indicative fees which can be negotiated with the sponsor (not directly payable to the Institute).*

**PLEASE NOTE:**

- *No student will be registered without paying the relevant fees.*
- ***Fees for the first semester can be paid in installments as indicated in fees structure and must be completed within the stated deadline.***
- *Contribution of Tshs 50,000 for NHIF (NATIONAL HEALTH INSURANCE FUND) shall be compulsory expect for those students with valid health insurance cover which must be submitted during registration.*

NB: It is expected that every sponsor will adhere to the above payment schedule. Failure to adhere to this schedule will amount to the respective sponsee to be barred from attending classes or sitting for tests/examinations.

**PRINCIPAL**

## **BANK OF TANZANIA TRAINING INSTITUTE**



### **FULL TIME**

E-Mail: [training@bot.go.tz](mailto:training@bot.go.tz)

Web: <http://training@bot.go.tz>

### **STUDENT'S ACCEPTANCE OF ADMISSION INTO BOT-TI**

#### **Part One**

I accept the admission as a student for the year 2020/2021 to pursue the Diploma Course in Banking Practice and Supervision **(ODBPS)**

I promise that I will work hard during the course and will continue with my studies at the Institute for the entire period of the course unless I am dismissed by the Principal or any other person holding authority duly given to him by the Advisory Body of the Institute. I declare that I have made no any crime(s) which can disrupt my studies at the Institute.

I confirm that I will abide by the standing students By-Laws of the Institute, Examination Regulations/Rules or any legal orders given by the Principal, lecturers or any other person in authority. I further affirm that I am the same person who applied to admittance to the Institute under this name, and shall not change the names thereof.

I also undertake to produce at the time of admission a medical report, from any Government or recognized medical doctor stating clearly that I am fit to undergo the two year Diploma Course in Banking Practice and Supervision **(ODBPS)**

That the Institute may refer me to do a fresh medical examination if it feels necessary notwithstanding the previous medical report.

Full Name .....

Signature .....

**Part Two.**

**Employer's /Sponsor's Certificate**

We approve the Sponsorship of the above candidate to undertake the Diploma course and confirm that he/she will be released from duties to attend the course

We further confirm that this /Company/Organization/Ministry/Family will sponsor the student and pay the Institute fees. We also know that fees once paid will not be refunded under any circumstances.

Name .....

Signature .....

Relationship.....

Address.....

Mobile

Number.....

E-mail: .....

Date.....

**BANK OF TANZANIA TRAINING INSTITUTE**



**FULL TIME**

E-Mail: [training@bot.go.tz](mailto:training@bot.go.tz)

Web: <http://training@bot.go.tz>

**REQUEST FOR MEDICAL EXAMINATION**

**PART A:**

**To: The Medical Officer**

**From: PRINCIPAL,**

**BANK OF TANZANIA  
TRAINING INSTITUTE  
47W RAILWAY ROAD,  
CAPRI-POINT,  
P.O. Box 131, NYAMAGANA  
MWANZA  
Tel. +255 28 2500709/2500983  
Fax: +255 28 2500984**

Mr./Mrs./Miss (student).....

Please examine the above named student as to his/her fitness for undergoing the two years Diploma Course in Banking Practice and Supervision **(ODBPS)**.

Thank you in advance.

.....

**PRINCIPAL**

## **PART B:**

### **Medical Certificate**

(To be completed by Medical Officer)

#### **A. PERSONAL HISTORY**

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

- |                               |  |
|-------------------------------|--|
| 1. Tuberculosis .....         | 15. Epilepsy .....                       |
| 2. Pneumonia .....            | 16. Deformity .....                      |
| 3. Pleurisy .....             | 17. Psychiatric.....                     |
| 4. Asthma.....                | 18. Eye disorder.....                    |
| 5. Rheumatic fever.....       | 19. Ear, Nose/Throat Disorder.....       |
| 6. Allergic disorder.....     | 20. Skin diseases.....                   |
| 7. Heart disease.....         | 21. Anemia.....                          |
| 8. Gastric or duodenal.....   | 22. Gynecological disorder.....          |
| 9. Recurrent indigestion..... | 23. Malaria/other tropical Diseases..... |
| 10. Jaundice.....             | 24. Major or Minor Operation.....        |
| 11. Dysentery.....            | 25. Serious accidents.....               |
| 12. Varicose Veins.....       | 26. Any other serious disorder.....      |
| 13. Diabetes.....             |  |

#### **B. PHYSICAL EXAMINATION**

- |                       |                            |
|-----------------------|----------------------------|
| 1. Height.....        | 3. Weight.....             |
| 2. Skin diseases..... | 4. Eyes: Conjunctivae..... |

Pupils.....

Vision Right..... Left.....

5. Please state conditions With glasses Right..... Of ears (if any discharge)

Any Abnormality.....



Cardiovascular System

Blood pressure Systolic ..... Diastolic.....

Heart Any Murmur? .....

Arteries and Veins .....

Abdomen ..... Hernia.....

Hydrocele .....

Masses .....

Liver .....

Kidney .....

Rectal .....

Any clinical evidence of hyperacidity or Gastric Duodenal ulcer?.....

**C. LABORATORY**

1. Urine Albumin .....

Sugar.....

Lucoceytes.....

Bilharzias.....

2. Stool: Special emphasis on Hookworm or Bilharzias

3. Blood Examination: Hb Level.....

(a) Neutrophils .....

(b) Eosinophils .....

(c) Basophils.....

(d) Lymphocytes .....

(e) Monocytes.....

(f) ESR.....

4. Serology: Widal test .....

VDRL.....

**D. MEDICAL CERTIFICATE**

I have examined the above and consider that he/she is physically fit/unfit to undergo the Ordinary Diploma Course stated above.

Date .....2020

Signature .....

Station .....

Designation .....

Official Stamp