

# INSTITUTE OF ADULT EDUCATION



Teleg. INSTADE, DAR  
Tel. No. +255 22 2150383/2151363  
Fax No. +255 22 2150836  
E-mail: [info@iae.ac.tz](mailto:info@iae.ac.tz)

P.O. BOX 20679,  
DAR ES SALAAM,  
TANZANIA.  
Web: [www.iae.ac.tz](http://www.iae.ac.tz)

**MARCH INTAKE, 2024/25**

..... **CAMPUS**

To:

.....  
.....  
.....

## **RE: ADMISSION INTO BASIC TECHNICIAN CERTIFICATE IN ADULT EDUCATION AND COMMUNITY DEVELOPMENT (NTA LEVEL 4)**

### **1.0 Introduction**

I am glad to inform you that your application for admission into Basic Technician Certificate in Adult Education and Community Development at the Institute of Adult Education (IAE) in the academic year 2024/2025 is successful. This is a one-year programme offered at Dar es Salaam and Mwanza Campuses.

### **2.0 Registration**

Registration and orientation programme will take place from **25<sup>th</sup> March, 2024 to 3<sup>rd</sup> April, 2024** at the Institute of Adult Education, Dar es Salaam or Mwanza Campus. Deadline for registration is **3<sup>rd</sup> April, 2024** after which late registration fee of Tshs 5,000/= per day for a maximum of 7 days shall be charged.

### **3.0 Fees**

Your registration to the programme requires payment of at least half (50%) of the annual tuition fee (**see fee structure, part A**) plus all direct costs, (**see fee structure part B**), equivalent to **485,000/=**. This amount excludes Students' Union fee and Students' welfare fund (See part C). You will not be registered into the programme before paying the required fees. Note that all students (Campus and ODL) must pay the students' union fee (**20,000/=**) and students' welfare fund (**5,000/=**) for **Dar es Salaam Campus** to be deposited at the National Microfinance Bank (NMB), account number **20602300100** and for **Mwanza Campus** should be deposited at account number **31110039063 NMB** with the name "Institute of Adult Education Students' Organization".

All payments made to the Institute should be done using Control Number generated by students through student's provided SARIS accounts. There will be special desk for SARIS access and use guidance during registration.

### **4.0 Academic Qualification Evidence and Identification**

Confirmation of your registration to the programme is subject to satisfactory verification of your academic qualifications. You are needed, therefore, to bring with you your original academic certificates used for your application (and their copies). **It is a criminal offence to submit false certificates.** If this is discovered during or after registration, you shall be dismissed immediately and bound to be prosecuted. You will also need to submit three copies of current colored passport size photographs with blue-sky background, a copy of your birth certificate and a release letter from your employer (for employees).

**5.0 Stationery and Accommodation**

Each enrolled student will have to meet stationery and accommodation expenses at his/her own cost. For Dar es salaam campus, Kijichi hostels are available at the cost of **78,000/=** per semester. Likewise, for Mwanza campus there is a hostel facility accessible at a cost of **90,000/=** per semester. Stationery and secretarial services are available within the campus but offered by a private service provider at reasonable price.

**6.0 Postponement**

Postponement of studies to another academic year will be allowed only after you complete the registration. The fees paid will not be refunded, in case one fails to continue with studies.

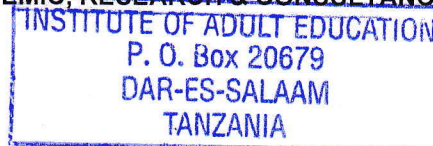
**7.0 Confirmation**

Fill in the attached registration form and bring it during registration. You are also required to submit the attached filled in medical examination report.

Yours Sincerely,



Dr. Philipo L. Sanga  
DEPUTY RECTOR  
(ACADEMIC, RESEARCH & CONSULTANCY)



## INSTITUTE OF ADULT EDUCATION STUDENT'S REGISTRATION FORM

1. Full Name (as they appear in Form Four certificates) .....
2. Sex: (M or F) .....
3. Date of Birth .....
4. Place of Birth .....
5. Marital status (married or Single): .....
6. Country of Residence .....
7. Nationality/Citizenship: .....
8. Your current employment (if any) .....
9. Your Address:
  - a) Permanent Postal Address: .....
  - b) Current Postal Address: .....
  - c) Mobile phone: .....
  - d) Email address (if any) .....
10. Person related to you (to be contacted by the Institute in case of emergency (e.g. father, mother, husband, wife, brother, friend, son etc).
  - a) Name of person related to you .....
  - b) Relationship to you: .....
  - c) His/her Postal Address: .....
  - d) His/her Mobile phone: .....
  - e) His/her Email address .....

11. Name of Programme you are registering for:  
.....

12. Your academic qualifications (fill in the table and attach copies of certificates)

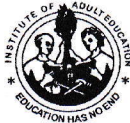
Academic Certificate	Awarding Institution/Authority	Dates/Years

13. Your financial sponsor for the Programme (Please, tick):
- a)  Employer
  - b)  Private
  - c)  HESLB
  - d)  Any other (Please specify) .....

14. Address of sponsor .....

Your signature..... Date .....

# INSTITUTE OF ADULT EDUCATION



Teleg. INSTADE, DAR  
Tel No. +255 22 2150383/2151363  
Fax No. +255 22 2150836  
E-mail: [info@iae.ac.tz](mailto:info@iae.ac.tz)  
Web: [www.iae.ac.tz](http://www.iae.ac.tz)

P.O. BOX 20679,  
DAR ES SALAAM,  
TANZANIA.

Doctor:

.....  
.....

## RE: MEDICAL EXAMINATION FORM

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

The named person has been admitted for long course at the Institute of Adult Education. Usually, students admitted at the Institute are required to undertake medical examination before registering for a course. I thus request you to medically examine him/her in the following areas and, please, fill in spaces provided by indicating diagnosis; if not please, write 'NO':

1. Height: .....
2. Weight: .....
3. Skin diseases: .....
4. Eyes: .....
5. Ears: .....
6. Respiratory system (Any abnormality) .....
7. Cardiovascular system: .....

8. Any suffering from the following:

- (a) Tuberculosis .....
- (b) Renal or Genital/Urinary disease .....
- (c) Emotional disease or psychosis .....
- (d) Serious injuries .....
- (e) Allergies or asthma .....

I confirm that I have examined the named person in the specified areas and found him/her fit for the course.

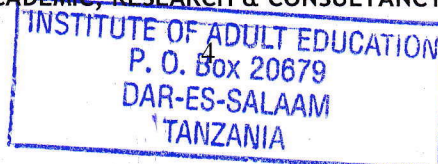
Name of Doctor: ..... Signature: .....

Address: ..... Date: .....

Yours Sincerely,

Dr. Philipo L. Sanga  
DEPUTY RECTOR

(ACADEMIC, RESEARCH & CONSULTANCY)



## FEE STRUCTURE FOR THE ACADEMIC YEAR 2024/2025

Descriptions		Items		Basic Technician Certificate NTA Level 4
<b>A</b>		1	Tuition Fee	<b>700,000</b>
<b>B</b>	Direct payments to IAE	2	Registration	10,000
		3	Examinations	30,000
		4	Student ID	10,000
		5	Sports and Games	20,000
		6	NACTE Fee	15,000
		7	Certificates and Transcripts	35,000
		8	Library fee	5,000
		9	ICT fees	10,000
<b>Total</b>				<b>135,000</b>
Half of Tuition Fees				350,000
<b>Total Fee to be paid in First Semester</b>				<b>485,000</b>
<b>Total Fee to be paid in Second Semester</b>				<b>350,000</b>
<b>Total Annual Fee</b>				<b>835,000</b>
<b>C</b>	Direct payments to student	1	Books and Stationery	100,000
		2	Boarding, Lodging and Meals	800,000
<b>Total</b>				<b>900,000</b>
<b>D</b>	Direct payments to Students Union	1	Students' Union Fee	20,000
		2	Students' Welfare Fund	5,000
<b>Total</b>				<b>25,000</b>
<b>Grand Total (A+B+C+D)</b>				<b>1,760,000</b>