

Dar es Salaam Institute of Technology



P. O. Box 2958, Dar es Salaam
Tel.(022) 2150174 / (022)2153511
Email: registrar@dit.ac.tz
Website: <http://www.dit.ac.tz>.

REF:

Date:

Name and Address of the Student

Surname.....
Middle Name.....
First Name.....
Address.....
.....

Dear Student,

Joining Instructions to Technician Programme leading to the award of Information Technology Basic Technician Certificate (National Technical Awards Level 4) for the Academic Year 2009/2010

I am pleased to inform you that you have been selected to pursue **Full Time Class** Information Technology Course (IT) leading to the award of Basic Technician (NTA level 4) at Dar Es Salaam Institute of Technology in the Academic year 2009/2010.

You must be aware that the Institute does not offer sponsorship nor meals and accommodation. Therefore, you are required to seek your own accommodation and sponsorship.

The duration of this course is two semester covered in one year and at the end of the Programme, upon passing all Semesters examinations, you will be awarded an **IT Basic Technician Certificate (NTA Level 4)**.

PART A: STUDENT INFORMATION

1. INSTITUTE INFORMATION

The Institute is located at the junction of Bibi Titi Mohamed Street and Morogoro Road.

2. **BEGINNING OF THE COURSE**

The course begins on **05th October 2009** but you are required to report at the Institute on **26th - 27th September 2009** at 9.00 am at *Library Hall for Registration and Orientation program.*

3. **TRANSPORT**

You will have to meet all transport expenses to and from your home.

4. **MEDICAL EXAMINATION**

You are required to undergo medical examination before registration. You must ensure that the doctor, who will examine you, completes the enclosed Medical Examination Form. The Institute recommends medical examination to be carried out by a Government hospital.

5. **CAUTION MONEY**

(a) You will be required to pay ten thousand shillings (Tshs. 10,000/=) as caution money, which will be refunded to you upon completing the course programme provided that you did not cause any loss, destruction or damage of the Institute's property.

(b) Where losses/damages exceed the stated amount, the caution money will be retained and you will be asked to pay the difference.

6. **REGISTRATION**

On arrival, you are supposed to report to the *Library* for registration on 26th - 27th September 2009 at 9:00 am with the following: -

(a) Joining instruction letter.

(b) A duly filled Medical Examination Form.

(c) Original certificates, certified academic certificates/transcripts/statement of results.

(d) Birth certificate.

(e) Two stamp size coloured photographs taken within three months from the date of registration.

(f) A duly filled acceptance form to abide by the Institute rules and regulations

(g) A bank pay in slip that shows the amount paid for Institute fees.

Please Note that: -

(a) During registration and the entire period of the course the Institute will not entertain any change of student's names.

(b) Incomplete registration will result into not being accepted for studies

(c) Cancellation of Admission:

Failure to register within the first two weeks starting from orientation date (28th October – 11th October 2009) (Ref. subtitle number 2 above) shall lead to the cancellation of your admission.

7. IDENTITY CARDS

All selected candidates will be required to pay Tshs. 1000/= for an Identity Card.

NB: Replacement of a lost Identity Card will be done upon paying of five thousands shillings (Tshs. 5,000/=) to the Registrar and submission of a letter from the Police Station to confirm the loss.

8. STUDENTS' ORGANIZATION

Every student shall be a member of the Institute Student's Organization (DITSO) upon paying a membership fee of ten thousand shillings (Tshs. 10,000/=) only.

9. ORIENTATION PROGRAMME

All students must attend a one week orientation programme, which starts on 28th September 2009 – 2nd October 2009

10. INSTITUTE FACILITIES AND CONDITIONS FOR USE

(a) The Institute has Library facilities, Laboratories, Playing grounds and a Dispensary for first aid services only.

(b) Students are advised to come with all necessary stationery e.g. exercise books, pen, calculators, drawing pens, etc.

(c) Minor Medical treatment may be provided by the Institute but major ones is a responsibility of ones parents or sponsor(s).

PART B: INSTITUTE FEES

1. GENERAL INFORMATION

- (a) Students are required to pay their fees through Institute’s Account No. **011103007131** with NBC LIMITED BANK, CORPORATION BRANCH. The Institute receipt will be issued after producing the bank pay in slip to the accounts office.
- (b) Students should collect from the Bursars/Accounts Office, Proforma invoice for the Institute’s expenses. All expenses must be settled before one is registered as an Institute’s student.
- (c) Fees are subject to review each calendar year.

2. CURRENT INSTITUTE’S FEES AND OTHER EXPENSES FOR IT –BASIC TECHNICIAN STUDENTS

- (a) All students will be required to pay the following to the Institute before registration for their studies: -

S/N	Description	Year 1 (NTA 4)
1	Tuition fee	360,000.00
2	Registration fee	5,000.00
3	Caution money	10,000.00
4	Student's identity Card	1,000.00
4	Students Medical contribution	10,000.00
5	DIT Examination fee	50,000.00
6	Library Membership fee	5,000.00
7	DIT Students Union Organization fee	10,000.00
	Total	451,000.00

- (b) All students will be required to meet all the costs for their Industrial Practical Training at the end of the second semester of their studies.

Wishing you all the best,

.....

R.S.Nzumbi
(Admissions Officer)
For PRINCIPAL

Dar es Salaam Institute of Technology



STUDENT'S
Passport SIZE
PHOTOGRAPH

DECLARATION FORM ON CONDITIONS FOR INSTITUTE REGULATIONS.

1. INSTRUCTIONS:

Read this form carefully and make sure that the contents are clear before filling it. Incomplete forms shall not be considered. Use capital letters to fill this form.

2. PART I: STUDENT PARTICULARS

SURNAME:.....MIDDLE NAMEFIRSTNAME.....
 MARITAL STATUS..... NO. OF DEPENDANTS.....
 DATE OF BIRTHSEX.....NATIONALITY.....

PRESENT ADDRESS:

P.O BOXTEL.NO.....E-mail:
 STREET..... TOWN
 VILLAGE..... WARD.....
 DISTRICT..... REGION.....

PERMANENT HOME ADDRESS

P.O BOX.....TEL.NO.....Email:
 STREET.....TOWN.....
 VILLAGE..... WARD.....
 DISTRICT.....REGION.....

PART II: INSTITUTE REGULATIONS AND BY-LAWS

As a student of this Institute you will be required to adhere to the Institute regulations and listed here-under:-

- (a) Examination Regulations
- (b) Students General Welfare, Conduct and Disciplinary Matters 2003
- (c) Industrial Practical Training regulations
- (d) Regulations governing the use of Library, Laboratories, Workshops, Classes, Hostels, Dispensary, and Sports facilities.

The Institute authority reserves the right for the interpretation of its rules and regulations and the right to change them, as it may deem necessary.

4. PART III: STUDENT'S DECLARATION ON INSTITUTE REGULATIONS AND BY-LAWS

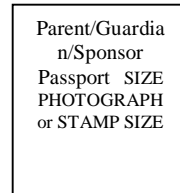
SECTION A:

I(Name of student)
(Surname, Middle name, First name)
of..... (Postal Address)

DO HEREBY accept and promise to adhere to regulations and by-laws of the Institute as stipulated in part II of this declaration form. I understand that any breaching of the regulations and by-laws stated therein will result in expulsion from the Institute.

SIGNED AND DELIVERED this..... day of.....(month).....(year)
at (place)

.....
STUDENT'S SIGNATURE



SECTION B:

I, (Name).....Parent/Guardian/Sponsor
(Surname, Middle name, First name)
of..... (Name of Student)

DO HEREBY confirm the acceptance of the above-mentioned student to follow and adhere to Institute regulations and by-laws as stipulated in Part II of this Declaration form. I understand that any breaching of any of the regulations and by-laws stated therein will result into expulsion of the student from the Institute.

SIGNED AND DELIVERED thisDay of..... (month)..... (year)
at (place)

.....
(Signature of Parent/Guardian/Sponsor)

.....
(Date)

Address.....

Tel. no:Email:

Dar es Salaam Institute of Technology (DIT)



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MEDICAL EXAMINATION FORM

To be filled by a Medical Officer.

FULL NAME OF STUDENT.....

SEX: MALE/FEMALE.....

HB TEST:

STOOL:

URINE MICRO.....

T.B TEST.....

EYE EXAMINATION.....

E.N.T.....

CHEST.....

CHEST X-RAY.....

ABDOMEN.....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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

I certify that I have examined the above Student and consider that he/she is physically/not physically fit for further studies.

.....
NAME & SIGNATURE

.....
DESIGNATION & STAMP