

# 1. Previous Application to the Institute

Have you ever applied for admission or registered in courses at LGTI: Yes No If yes, LGTI Reg. No

# 2. Personal Information (Please use capital letters)

Fill your names exactly as they appear in your academic certificates i.e. CSEE, ACSEE or equivalent qualifications

Last Name:		Do You H Yes	ave any Ph	ysical or Co No	ommunic	ation Disabil	ities?
First Name and Middle Name	e(s) - Do not use initials	If YES above tick whichever is applicable					
		Speech	Hearing	Mobility	Vision	Albinism	Others
Date of Birth	Sex Male Female	Give detail	s of disabil	ity:			
Place of Birth:							
Citizenship:		Please sele	ct residence	e category			
Permanent Home Address:							
Contact Address:		In Campus					
E-mail Address:							
Applicant Mobile Number:		Off Campus					
Marital Status:			_				
Next of Kin							
Name:							
Mobile Number:							
Relationship:							
Residence:							

## 3. Proposed Course of Study

S/N	Courses	Tick(√) any Three(3) in the Appropriate Field	Rate in Order of Priority (Write 1,2,3)
1.	Basic Technician Certificate in Local Government Administration		
2.	Basic Technician Certificate in Local Government Accounting and Finance		
3.	Basic Technician Certificate in Community Development		
4.	Basic Technician Certificate in Human Resource Management		
5.	Basic Technician Certificate in Procurement and Supplies Management		
6.	Basic Technician Certificate in Records, Archives and Information Management		
7.	Ordinary Diploma in Local Government Administration		
8.	Ordinary Diploma in Local Government Accounting and Finance		
9.	Ordinary Diploma in Community Development		
10.	Ordinary Diploma in Human Resource Management		
11.	Ordinary Diploma in Procurement and Supplies Management		
12.	Ordinary Diploma in Records, Archives and Information Management		

Sponsorship – Please select once

Private	Government	
	Specify:	

### 4. Education Background

a) Certificate of Primary Education Examination

School Name.....

Region/District.....

## b) Certificate of Secondary Education Examination (C.S.E.E.) or Equivalent

(Index Number ...... Year of Completion

Subject	Grade	Subject	Grade

#### c) Advanced Certificate of Secondary Education Examination (A.C.S.E.E.) or Equivalent

(Index Number		Year of Completion	. Year of Completion		
Subject	Grade	Subject	Grade		

## d) Details of any other Qualifications e.g. Diploma, Certificate etc.

INSTITUTE/INSTITUTION	From (Year)	To (Year)	Name of Award e.g. Certificate/Diploma

#### 5. Sponsorship Declaration

Sponsor's signature: .....

Date: .....

#### 6. Applicant's Declaration

I agree, if admitted to LGTI, to comply with institute regulations. I certify that the information in this application is true and complete in all respects and that I have withheld no information. I authorize the institute to verify any information provided as part of this application.

Applicant's Full Name:	
Applicant's Signature:	Date of Application:

## 7. Mode of Payment

1. Registration and identity card are paid only once during first year.	Document to be Enclosed		
2. Payments can be made in two installments (i.e. Semester I and	You should include the following when sending your application:		
Semester II.) as indicated in joining instruction form	1. Duly filled application form		
3. Non-refundable application fee (Tshs.10,000/=) to be deposited in	2. Copy of Certificate of Secondary Education Examination (CSEE)		
Account No: 50501100209 NMB Local Government Training	3. Copy of other qualification(s) e.g. certificates – if any		
Institute	4. Copy of birth certificate		
Note:	5. Original Bank Pay-in slip for application fee		
1. All payment should be done through Local Government Training	6. Two recent passport size photographs		
Institute Bank Account ONLY			
2. Other recommended direct student costs (incurred by sponsors or	For more Information or enquiries please contact:		
students) are merely indicative	The Registrar,		
3. Students are advised to join the National Health Insurance Fund	Local Government Training Institute (LGTI),		
(NHIF)if you have not insured before	P. O. Box 1125,		
4. Fees structure is attached in appendix	DODOMA,		
5. This application form is also available at Local Government Training	TANZANIA.		
Institute (LGTI or you can directly download from our Website:	Mob .no. 0717-487420 or 0754-415659		
www.lgti.ac.tz			

# FEE STRUCTURE AND OTHER CHARGES APPLICABLE 2018/2019

NO.	COST ITEMS	CERTIFICATE PROGRAMMES	ORDINARY DIPLOMA PROGRMMES (ALL)		
		(ALL)			
	DIRECT COST PAYABLE TO THE	(ONE YEAR)	YEAR 1	YEAR 2	
	INSTITUTE				
	CITIZENS	(TSH.)	(TSH.)	(TSH.)	
1.	Tuition Fee - Annually	660,000	760,000	770,000	
2.	Registration - Once	20,000	20,000	-	
3.	Examination Fee – Annually	30,000	30,000	30,000	
4.	Identity Card – Once	10,000	10,000	-	
5.	Students' Union – Annually	20,000	20,000	20,000	
6.	Field supervision – Annually	50,000	50,000	50,000	
7.	Sports and Games – Annually	20,000	20,000	20,000	
8.	Foundation Course (Intensive English Course)	10,000	10,000	10,000	
9.	NACTE Subscription	15,000	15,000	15,000	
10.	NHIF Registration Fee if you were not insured before	50,400	50,400	50,400	
	TOTAL FEE	885,400	985,400	965,400	
11.	Accommodation – Annually	300,000	300,000	300,000	
TOTA	AL FEE AND ACCOMMODATION	1,185,400	1,285,400	1,265,400	
	LOCAL GOVERNMENT TRAINING INSTITUTE FEE ACCOUNT – NO. 50501100209 NMB				
	NON CITIZENS	US \$	US \$	US \$	
1.	EAC	1,100	1,200	1,200	
2.	Others	1,600	2,000	2,100	
	ITEMS PAYABLE DIRECTLY TO THE				
	STUDENT - RECOMMENDED				
1	CITIZENS	(TSH.)	(TSH.)	(TSH.)	
1.	Meal Allowance	1,785,000	1,785,000 150,000	1,785,000 150,000	
2. 3.	Books and Stationery Scientific Calculator	150,000 40,000	40,000	40,000	
3. 4.	Field Assignment	280,000	280,000	280,000	
<u>4.</u> 5.	Research	-	280,000	280,000	
<u> </u>	Application Fee	10,000	10,000	10,000	
7.	Graduation Fee	30,000	30,000	30,000	
	TOTAL	2,315,000	2,595,000	2,595,000	
	NON CITIZENS	US \$	US \$	US \$	
		5,000	5,000	5,000	
		5,000	5,000	5,000	

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LOCAL GOVERNMENT TRAINNING INSTITUTE



# P. O. Box 1125, DODOMA. Tel: 026 - 2961101, Fax: 026 - 2961100, Email: *info@lgti.ac.tz*; Website: *www.lgti.ac.tz*

# MEDICAL EXAMINATION FORM

To be completed by Medical Officer in respect of Institute Student (Entrant).

FULL NAME OF STUDENT
SEX: MALE/FEMALE
HGB TEST
URINE MICRO
T.B.TEST
EYE EXAMINATIONS
E.N.T
CHEST
CHEST X-RAY
ABDOMEN
SICKLE CELL TEST
R.B.G

# ADDITIONAL INFORMATION

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

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

DATE
SIGNATURE
STATION
DESIGNATION
OFFICIAL STAMP