

NJUWENI INSTITUTE OF HOTEL, CATERING AND TOURISM MANAGEMENT

P.O. Box 30133, TEL: 023-2402270/71/2402267 FAX: 24022669 E-mail njuwenikbh@yahoo.com KIBAHA – COAST REGION



APPLICATION FORM FOR ORDINARY DIPLOMA COURSES

APPLICANT'S PARTICULARS

Age Group: 1-18 19-25 26-35 35 above

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

GENDER: _____ MARITAL STATUS: _____

NATIONALITY: _____

S/N	COURSES OFFERED (UNDER NACTVET)	COURSE CODE	TICK (✓)
1.	Ordinary Diploma in Business Administration	ODBA 100	
2.	Ordinary Diploma in Hospitality Operations	ODHOT 101	
3.	Ordinary Diploma in Travel and Tourism	ODTT 102	

REGISTERED AND ACCREDITED BY: THE NATIONAL COUNCIL FOR TECHNICAL AND VOCATIONAL
EDUCATION AND TRAINING (NACTVET)
(BARAZA LA TAIFA LA ELIMU YA UFUNDI NA MAFUNZO YA UFUNDI STADI)

REGISTRATION NO: REG/ANE/016

ENTRY QUALIFICATIONS:

1. An Ordinary Certificate of Secondary Education Examination (CSEE) with at least 4 Passes in excluding religious subjects.
2. An Advance Certificate of Secondary Education Examination (ACSEE) with one principle Pass and one Subsidiary Pass.
3. NTA level 4 Basic Technician certificate

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RE: JOINING INSTRUCTIONS FOR ORDINARY DIPLOMA PROGRAMMES IN BUSINESS

ADMINISTRATION/HOSPITALITY OPERATIONS/TRAVEL AND TOURISM

It is a pleasure to inform you that you have been selected for a three-year Ordinary Diploma programme in..... at Njuweni Institute.

Njuweni Institute is located at Kibaha Mailimoja, Coast region, opposite the Old Kibaha bus stand and about 40 km from Dar Es Salaam City center

The following are necessary conditions for registration

- a) Copies of academic certificates (O-level/A-level/ Basic technician Certificate NTA level 5)
- b) A copy of Birth Certificate
- c) Full filled Medical Examination form attached herein.
- d) Original bank pay slip
- e) One RIM paper of A4 SIZE
- f) Three current Passport sized photo

NOTE: It is a criminal offence to submit false or forged academic documents. Any student who will be discovered to have submitted forged certificates his / her registration to study at the institute shall be revoked and the case shall be reported to the appropriate security bodies for legal action.

UNIFORM

The Institute will provide to the students two pair of uniform without any extra Charges. Uniform will be limited to shirts or blouse, skirts or trouser only.

HOSTEL STUDENTS

Hostel students must bring with them 2 bed sheets, 1 pillowcase, a towel, a mosquito net, a pair of pajamas or nightdress, black shoes, white socks and eating utensils e.g. a tea cup and saucer, dinner plate, water glass, table spoon, meat knife and fork. The institute provides hostel students with bed, mattress and a pillow together with breakfast, lunch and dinner.

FIELD ATTACHMENT

The institute will assist the student to look for Field attachment place, but the costs associated will be met by the students or sponsors themselves and not the Institute.

FEES

You are mandatorily required to pay at least 60% of the total fee indicated in the fee structure before commencement of training and the remaining balance before end of three months of training. Should any student or sponsor fail to comply with this regulation, the student will neither be allowed to seat for examinations nor proceed for field training.

INSTITUTE REGULATIONS

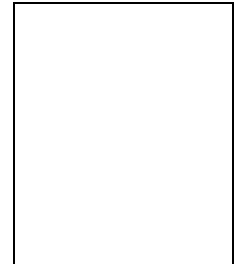
After completion of registration the student will be provided with Institutes' rules and regulations and required to sign it. Failure to adhere with regulations will lead to cancellation of admission.

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STUDENT ACCEPTANCE FORM



First Name:

Middle Name:

Surname:.....

Gender:

Date of Birth:

Primary School Name:.....

Secondary School Name:.....

Form four/six Index no:.....

Name of the course:

Admission number:.....

Year of study:.....

Guardian / next of kin postal address:

Email Address:

Telephone Number:

DECLARATION:

I declare that to the best of my knowledge the above particulars are correct and complete. I am aware that any false statement (s) will lead to this registration being rejected or to the annulment of admission already granted and I promise that I shall abide to the institutes rules and regulations; therefore I accept the offer to join the institute.

Student's SignatureDate.....

**DECLARATION TO SPONSOR A STUDENT AT NJUWENI INSTITUTE OF HOTEL, CATERING AND
TOURISM MANAGEMENT**

We/I

Will sponsor Mr./Mrs./Miss

Region.....District.....Ward.....

Who has been selected for admission into

(Name of the programme)

We/I promise to pay all his/her student's fees and other costs as it shall deem necessary for the whole duration of the programme, in compliance to the joining instruction.

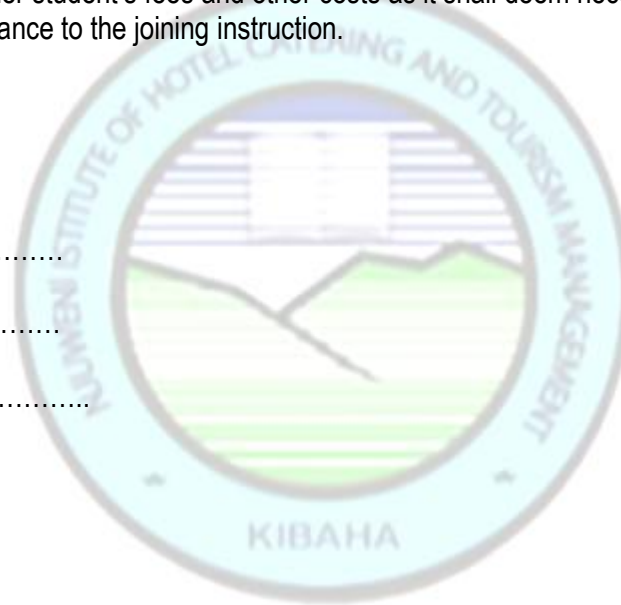
Yours faithfully,

Name

Sign

Date

Official Stamp



Contact address;-

Telephone

fax

E-mail

FEES STRUCTURE

COURSE	ACADEMIC YEAR	TUITION FEE	MEALS & ACCOMMODATION (HOSTELERS)	TOTAL
ORDINARY DIPLOMA IN BUSINESS ADMINISTRATION	Year 1	900,000/=	1,150,000/=	2,050,000/=
	Year 2	1,200,000/=	1,150,000/=	2,350,000/=
	Year 3	1,200,000/=	1,150,000/=	2,350,000/=
ORDINARY DIPLOMA IN HOSPITALITY OPERATIONS	Year 1	900,000/=	1,150,000/=	2,050,000/=
	Year 2	1,200,000/=	1,150,000/=	2,350,000/=
	Year 3	1,200,000/=	1,150,000/=	2,350,000/=
ORDINARY DIPLOMA IN TRAVEL AND TOURISM	Year 1	900,000/=	1,150,000/=	2,050,000/=
	Year 2	1,200,000/=	1,150,000/=	2,350,000/=
	Year 3	1,200,000/=	1,150,000/=	2,350,000/=

Other Charges;-

- | | |
|------------------------------|-----------------------|
| 1. Registration form | Tshs 20,000/= |
| 2. Examination fee | Tshs 15,000/= |
| 3. Field Administration cost | Tshs 30,000/= |
| 4. NACTE registration | Tshs. 30,000/= |
| 5. NHIF for students | Tshs 50,400/= |
| 6. T- Shirt | Tshs 15,000/= |

MODE OF PAYMENT

ALL PAYMENTS MUST BE DONE THROUGH ANY OF OUR BANK ACCOUNTS INDICATED BELOW:

**1. NJUWENI INSTITUTE
CRDB KIBAHA
A/C No.01J1078710900**

**2. NJUWENI INSTITUTE
NBC KIBAHA
A/C No. 080103000050**

**3. NJUWENI INSTITUTE
NMB KIBAHA
A/C No. 21201300005**

Our contacts:

The principal,
Njuweni Institute of Hotel Catering and Tourism management,
P.o.box 30133
Mob: 0713 267 014/0767 666 881/0713 727566
Email.njuwenikbh@yahoo.com
Web: www.njuweni.com

Note: Any payment made and receipted in respect of training costs shall be refunded with 80% deduction if student terminate his/her study.

You are warmly welcome.

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MEDICAL EXAMINATION REPORT

NAME.....REG NO:

AGE: SEX WEIGHT L

PHYSICAL EXAMINATION:

Respiratory system :

Chest

Lungs

ABDOMEN :

Liver

Spleen

Kidney

LABORATORY

Urine:- Microscopy

Multisticks

Sugar

Blood: HB..... ESR

Serology: Syphilis:

CARDIOVASCULAR SYSTEM:

Pulse

Heart

Other

MSS & Skin

CNS.....

ENT.....

Stool: Microscopy

X-ray Chest

Typhoid

CONCLUSION:

I have Examined Mr. / Mrs. /Ms. / Dr.
and consider He/She
He/ She physically and mentally fit.

Medical Officer's Name:Signature:

Designation..... Date:

Institution's Name: Address:

