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TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT

NOTE: FIRST YEAR STUDENTS' REGISTRATION FORM – DEGREE/NON-DEGREE PROGRAMMES

- a) This form must be completed in duplicate by every first year student at the time of registration.
- b) When completed and certified by the Registrar, it will be retained to the Admission Office
- c) This form should be attached with copy of your Birth and Academic or Equivalent Certificates and Transcripts or any certification from NACTE or TCU

Department

Programme

1. **Surname (or Last name)** (Block Capitals) Mr/Mrs/Miss/Ms

2. **First name** (Block Capitals)

Middle names (Block Capitals)

(The names entered on this form must be the same as those on your letter of admission. These are the names appearing on your "O" level Certificate or equivalent documents offered as an entry qualification.)

3. **Date of Birth**
Day Month Year

4. **Origin**
Country Region District Nationality

5. **Marital Status**
(Tick one) Married Single Divorced Widowed

6. **Personal Contact Information a) Mobile Number:** _____

b) E-mail _____

7 (a) Hostel Allocated _____

(b) For off-Campus give the name of residence _____

(c) **Dean of Students Permission to dwell off-campus** _____

8. (a) Were you a working person prior to admission? **Yes/No.** _____

(b) If yes, Indicate your employer.....

9. (a) Name of **father/guardian** _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

10. (a) Name of **next of kin** _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

11. Do you have any physical or communication disabilities?
Describe the type of disability you have:

12. Manner of entry to this Institute (Tick whichever is applicable and attach the certificate and transcript copies to this form)

- a. With Certificate of Secondary Education (Form IV) Qualification
- b. With Academic Transcript and Certificate (NTA level 4) or equivalent documents
- c. With Advanced Level Secondary Education (Form VI) Qualifications
- d. With Academic Transcript and Certificate (NTA level 5)
- e. With Academic Transcript and Certificate (NTA level 6)
- f. Or With any other acceptable equivalent qualifications (*Should have support from NACTE or TCU*)

13. DECLARATION BY THE STUDENT

(Incorrect information may lead to serious consequences as stated in the Joining Instructions, i.e. cases of impersonation of documents or forgery whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission or Award offered).

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THAT ALL THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND I THEREFORE DO HEREBY UNDERTAKE:

- I. To obey all lawful authorities in the Institute to observe the regulations of the Institute
- II. To exercise discipline and also to promote the good name of the Institute.
- III. To study diligently and to seek the truth of knowledge.

Signature of Student..... Date:

14. CONFIRMATION OF FEE PAYMENT

Control No. _____ Amount Paid.....

I confirm that due amount has been paid for One Semester Whole year (*tick whichever is applicable?*)

Accountant; _____ Date: _____
Signature and stamp

15. REGISTRATION OFFICER

I declare that on the basis of the documentary evidence available in respect of statements made in paragraphs 13 and all other aspects, the candidate is provided with registration number.....

.....
Name *Signature*

Date:

Official Stamp:

16. AUTHORIZATION TO ISSUE IDENTIFY CARD

This is to certify thatReg. No..... has satisfied payment requirements for the issuance of a..... (Insert whether 'Semester' or 'Whole year') Identity card.

Full name and signature

.....
Name *Signature*

For: Manager- Students Support Services Unit

Date:

Official Stamp:

TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT

Tel: +255736210917
Fax: +255732960849
Email: info@ticd.ac.tz
Website: www.ticd.ac.tz



TICD
P. O. BOX 1006
Arusha
Tanzania

MEDICAL EXAMINATION FORM TO BE COMPLETED BY MEDICAL OFFICER

PERSONAL DETAILS

1. FULL NAME OF TRAINEE:.....
2. SEX: MALE/FEMALE:.....
3. AGE (Give date of birth).....
4. SEX
5. MARITAL STATUS:.....
6. PROGRAMME SELECTED.....

MEDICAL INFORMATION

- i. HB TEST:.....
- ii. STOOL:.....
- iii. URINE MIRCO:.....
- iv. T.B TEST:.....
- v. EYE EXAMINATION:.....
- vi. E.N.T:.....
- vii. CHEST:.....
- viii. CHEST X-RAY:.....
- ix. ABDOMEN:.....

ADDITIONAL INFORMATION

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

.....
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.....

I certify that I have examined the above mentioned Candidates and consider that he/she is physically/not physically fit for training.

NAME

DESIGNATION

SIGNATURE.....

.....

STAMP

DATE:.....



TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT

FEE STRUCTURE FOR TICD PROGRAMMES ACADEMIC YEAR 2024/2025

DIRECT INSTITUTE COSTS

ITEMS	Tuition fee	Registration	Identity Card	NACTE Quality Assurance	Internet Facilities	Examination Fee	Students Organization Fee	Apprenticeship/Field Practice	Depreciation	Library services	Transcript	Graduation	Total
CERTIFICATE (NTA 4)	600,000.00	10,000.00	10,000.00	15,000.00	10,000.00	50,000.00	20,000.00	30,000.00	15,000.00	10,000.00	20,000.00	40,000.00	830,000.00
DIPLOMA NTA 5 & 6	730,000.00	10,000.00	10,000.00	15,000.00	15,000.00	50,000.00	20,000.00	30,000.00	15,000.00	10,000.00	20,000.00	40,000.00	965,000.00
ALL BACHEOR PROGRAMS	1 st YEAR	950,000.00	20,000.00	10,000.00	20,000.00	50,000.00	20,000.00	100,000.00	50,000.00	10,000.00			1,250,000.00
	2 nd YEAR	950,000.00	20,000.00	10,000.00	20,000.00	50,000.00	20,000.00	100,000.00	-	10,000.00			1,200,000.00
	3 rd YEAR	950,000.00	20,000.00	10,000.00	20,000.00	50,000.00	20,000.00	100,000.00	-	10,000.00	20,000.00	40,000.00	1,260,000.00
POSTGRADUATE DIPLOMA STUDIES	1,200,000.00	30,000.00	10,000.00	0	20,000.00	60,000.00	10,000.00	0	20,000.00	10,000.00	20,000.00	40,000.00	1,420,000.00
MASTER DEGREE	3,500,000	30,000.00	10,000.00		20,000.00	50,000.00	20,000.00	200,000.00	20,000.00	10,000.00	20,000.00	50,000.00	3,930,000.00
MASTER'S DEGREE (BLENDED)	4,250,000.00	30,000.00	10,000.00	-		20,000.00	50,000.00	200,000.00			20,000.00	50,000.00	4,630,000.00

INSTALLMENTS PLAN						
Payment Installment	1st Installment (Reporting Day of 1st sem.)	2nd Installment (8th week of 1st sem.)	3rd Installment (Reporting Day of 2nd sem.)	4th Installment (8th week of 2nd sem.)	On Campus Hostels Accommodation	Health **Insurance**
CERTIFICATE (NTA 4)	380,000.00	150,000.00	150,000.00	150,000.00	330,000.00	50,400.00
DIPLOMA NTA 5 & 6	417,500.00	182,500.00	182,500.00	182,500.00	330,000.00	50,400.00
ALL BACHELORPROGRAMS	FIRST YEAR	537,500.00	237,500.00	237,500.00	330,000.00	50,400.00
	SECOND YEAR	487,500.00	237,500.00	237,500.00	330,000.00	50,400.00
	THIRD YEAR	547,500.00	237,500.00	237,500.00	237,500.00	330,000.00
POSTGRADUATE DIPLOMA STUDIES	520,000.00	300,000.00	300,000.00	300,000.00	450,000.00	50,400.00
MASTER'S DEGREE (BLENDED)	708,500.00	708,500.00	708,500.00	707,833.00		
MASTER'S DEGREE (BLENDED) 2nd	833,167.00	583,500.00				
MASTER DEGREE (1 st Yr.)	583,500.00	583,500.00	583,500.00	583,500.00	450,000.00	50,400.00
MASTER DEGREE (2 nd Yr.)	874,500.00	291,500.00	-	-	450,000.00	50,400.00

NB: Health **Insurance Compulsory for those who do not Have Health Insurance**

- All direct Institute cost can be paid in Semester or Annual basis, the described Installments above are just minimum amount to be paid
- All Institute payables must be made by using **Control Number** provided by the Institute's Accountant or created following given procedures on the Institute's website.