

THE UNITED REPUBLIC OF TANZANIA



THE MINISTRY OF EDUCATION, SCIENCE AND
TECHNOLOGY

THE MWALIMU NYERERE MEMORIAL
ACADEMY



**ANNOUNCEMENT TO STUDENTS SELECTED BY THE PRESIDENT'S OFFICE—
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT (PO-RALG)**

The Mwalimu Nyerere Memorial Academy wishes to congratulate all students selected by the PO-RALG and have confirmed their admission at the Academy.

It is hereby announced that the Academy will open on 18th October, 2021 for the first semester of the academic year 2021/2022. Attached herewith, please find the Admission Letter, Fee Structure, Registration Form and Medical Examination Form. These documents will provide details regarding your admission process at the Academy.

For enquiries please call: (022) 2820041/ 2820047; 0712176450; 0655460062; 0736472751; 0787531043; 0623396549.

We are looking forward to your registration and a successful period of study at the Academy.

ISSUED BY

OFFICE OF THE DEPUTY RECTOR

(ACADEMIC, RESEARCH AND CONSULTANCY)

31st August 2021

THE UNITED REPUBLIC OF TANZANIA



THE MINISTRY OF EDUCATION, SCIENCE AND
TECHNOLOGY



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ACADEMY

When replying please mention:

Our Ref: MNMA/ADMN/GEN/45

31st August, 2021

**RE: ADMISSION INTO BASIC TECHNICIAN CERTIFICATE FOR THE ACADEMIC
YEAR 2021/2022**

I am pleased to inform you that you have been selected to join the Academy for one year pursuing

You are required to report at the Academy on **Monday 18th October 2021** ready for registration and **One Week for Orientation Programme that will commence on Monday 25th October 2021**. Please note that all 1st year students are required to attend the Orientation Programme.

Please observe the following instructions.

- 1) That you should pay annual tuition fee of **Six hundred twenty five thousands (Tshs 625,000/=) only** (accommodation exclusive)*. Fees may be paid **either** in one or two installments at the rate of 60%, equivalent to Tshs. **375,000/= (payable during the First Semester)** and 40% equivalent to Tshs. **250,000/= (Second Semester)**. Each installment should be paid at the beginning of each Semester. Also you should pay compulsory fee of **50,400/=** for Medical Insurance (Control number to be obtained from NHIF website) as well as **15,000/=** for NACTE quality assurance fee, Tshs **100,000/=** for Practical Training, Tshs **10,000/=** for students union, **10,000/=** Caution Money, **5,000/=** for Medical Examination, **15,000/=** for Registration and **10,000/=** for Identity Card at the beginning of first semester once a year. Parents/Sponsors/Students are requested to pay the fees through the **Online System[†] available at the Academy Website www.mnma.ac.tz**.
- 2) That you should present yourself to the Admissions Office for formal registration after paying the required fees. Failure to do so will result in the withdrawal of your admission. Admission can neither be postponed nor deferred to the next academic year. Please note that no student will be allowed to attend classes without paying the required fees and completing the registration process.

*Attached herewith, please find the expounded "Academy's Fees Structure for the Academic Year 2021/2022" and other payments for your reference.

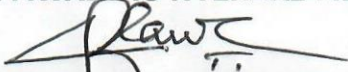
[†]Please generate Code payment Account properly and then after payment send the original Bank Pay in Slip to the Academy. Make sure that the Bank Pay in Slip bears Student's **full Names, Programme and Year of Study**.

- 3) That you should produce your **medical check-up** form duly filled by a qualified Government Medical Officer to the Admissions Officer.
- 4) That you should bring your **original certificates** plus two copies of each of your certificates and transcripts (the original certificate will be returned to you after verification). Certificates should include birth certificate, Form 4, 6, and/or Diploma.
- 5) That you will be a full time student and if you are a Government or Public Institution/Organization employee, you will have to produce evidence that your employer has released you and is ready to continue supporting you.
- 6) That you should submit two stamp size photographs to the Admissions Officer.
- 7) Kindly note that candidates who will fail to register within the period of two weeks lasting from 18th October, 2021 to 31st October, 2021 will be required to pay late registration fee of Tshs. 5,000/= per day for a maximum of 7 days.
- 8) Failure to register will lead to **automatic cancellation** of your admission; hence you will therefore be required to re-apply.
- 9) Accommodation on campus is not guaranteed; hence candidates are not advised to effect payment of the fees of the same in advance. However, when necessary, the office of the Dean of Students shall assist students in securing their off campus accommodation.

I am looking forward to your registration and a successful period of study at the Academy.

Yours Sincerely,

THE MWALIMU NYERERE MEMORIAL ACADEMY



Prof. Richard Y.M. Kangalawe

DEPUTY RECTOR – ACADEMIC, RESEARCH AND CONSULTANCY



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FEE STRUCTURE FOR ACADEMIC YEAR 2021/2022

Programme Type	Registration Fee	Identity Card	Students Union	Caution Money	Tuition Fee	Practical Training/Teaching Practice	Quality Assurance Fee	Graduation	Total Fee (TShs)
Certificate	15,000	10,000	10,000	10,000	625,000	100,000	15,000	40,000	825,000
Diploma Year I	15,000	10,000	10,000	10,000	769,000	100,000	15,000	40,000	969,000
Diploma Year II	-	4,000	10,000	-	800,000	-	15,000	40,000	869,000
Bachelor Degree Year I	15,000	10,000	10,000	10,000	1,000,000		20,000	-	1,065,000
Bachelor Degree Year II	-	4,000	10,000		1,031,000	100,000	20,000	-	1,165,000
Bachelor Degree Year III	-	4,000	10,000	-	1,031,000	-	20,000	40,000	1,105,000
Bachelor Degree Educ.	15,000	10,000	10,000	10,000	1,000,000	100,000	20,000	-	1,165,000

THE MWALIMU NYERERE MEMORIAL ACADEMY



REGISTRATION FORM FOR CERTIFICATES AND DIPLOMA

Please write clearly in **CAPITAL** letters

Registration Number _____

Surname _____ First Name _____

Middle Name _____ (Names as it is shown on **CSEE** and **ASEE**)

Index No. Form IV _____ **Index no Form VI** _____

Sex: Male Female Marital Status: Single Married

Date of Birth _____ Place of Birth _____

Country _____ Nationality _____

Mobile No. _____ Email: _____

Permanent Address: _____

Program Admitted _____

Academic Year..... Semester.....

Semester One Tuition fee 60%		Registra tion Fee	NHIF	Identit y card	Practical training	Accomm odation	Caution Money	Student' s Union	Quality Assuran ce Fee
Programme	Amount Paid	15,000	50,400	10,000	100,000	350,000	10,000	10,000	15,000
Cert. (375,000)									
Dip. (461,400)									

Name of Next of Kin (1) _____ Relationship _____ Phone No _____

Name of Next of Kin (2) _____ Relationship _____ Phone No _____

Declaration, I _____ Certify to the best of my knowledge that the information I have given in this form is correct.

Student's Signature

Date

Certification,

I certify that this student has been officially registered as bonafide student of the MNMA

Accountant

Signature _____

Date _____

Admission Officer

Signature _____

Date _____

Attach Bank's fees receipt, Copies of certificates e.g. F. 4, F. 6, NTA Level 4, Birth certificate and Medical Examination Form.

THE MWALIMU NYERERE MEMORIAL ACADEMY

**RE: REQUEST FOR MEDICAL EXAMINATION REPORT FOR STUDENT
APPLYING FOR ADMISSION FOR FULL TIME COURSE.**

To the Medical Officer,

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.....
.....

RE: Surname Age..... Sex.....
Other name (s) Programme
Marital Status Department
Please examine the above named as to her/his fitness for studies as a full time student.

A. PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

- 1. Tuberculosis 15. Epilepsy
- 2. Pneumonia 16. Deformity
- 3. Pleurisy 17. Psychiatric.....
- 4. Asthma..... 18. Eye disorder.....
- 5. Rheumatic fever..... 19. Ear, Nose/Throat Disorder.....
- 6. Allergic disorder..... 20. Skin diseases.....
- 7. Heart disease..... 21. Anemia.....
- 8. Gastric or duodenal..... 22. Gynaecological disorder.....
- 9. Recurrent indigestion..... 23. Malaria/other tropical Diseases.....
- 10. Jaundice..... 24. Major or Minor Operation.....
- 11. Dysentery..... 25. Serious accidents.....
- 12. Varicose Veins..... 26. Any other serious disorder.....
- 13. Diabetes.....

B. PHYSICAL EXAMINATION

- 1. Height..... 3. Weight.....
- 2. Skin diseases..... 4. Eyes: Conjunctivae.....
Pupils.....
Vision Right.....
Left.....
With glasses Right.....
- 5. Please state conditions
Of ears (if any discharge)
- Any Abnormality.....

Cardiovascular System
 Blood pressure Systolic Diastolic.....
 Heart Any Murmur?
 Arteries and Veins
 Abdomen Hernia.....
 Hydrocele
 Masses
 Liver
 Kidney
 Rectal
 Any clinical evidence of hyperacidity or Gastric Duodenal ulcer?

C. LABORATORY

1. Urine Albumin
 Sugar.....
 Lucoocytes.....
 Bilharzias.....
 2. Stool: Special emphasis on Hookworm or Bilharzias
 3. Blood Examination: Hb Level.....
 (a) Neutrophils
 (b) Eosinophils
 (c) Basophils.....
 (d) Lymphocytes
 (e) Monocytes.....
 (f) ESR.....
 4. Serology: Widal test VDRL.....

D. MEDICAL CERTIFICATE

(To be completed by a Medical Officer) I have examined the above named person and consider that *She/ he is physically and mentally/not physically and mentally fit to be admitted for the full time course at your Academy.

..... Name Signature Date
..... Title Qualification	
Address:		
.....		
.....		
.....		

*Delete as necessary