

# THE LOCAL GOVERNMENT TRAINING INSTITUTE



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P. O. Box 1125, DODOMA. Tel: 026 - 2961101, Fax: 026 - 2961100,  
Email: [info@lgti.ac.tz](mailto:info@lgti.ac.tz); Website: [www.lgti.ac.tz](http://www.lgti.ac.tz)

Ref. No. AB. 10/198/01

Date: 31<sup>th</sup> July, 2024

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P. O. Box .....

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## JOINING INSTRUCTIONS FOR CERTIFICATE AND DIPLOMA PROGRAMMES FOR ACADEMIC YEAR 2024/2025

I am pleased to inform you that you have been selected to join the above mentioned programme for the Academic Year **2024 /2025**. You are expected to report at the Institute on **07<sup>th</sup> October, 2024**. The duration of each course (**NTA 4, 5 and 6**) is one year. At the end of the course, you will be awarded a **Basic Technician Certificate, Technician Certificate and Ordinary Diploma** in the respective field of study.

On arrival at the Institute please, bring with you the following items for admission:-

### Requirements:

1. This joining instruction letter;
2. A duly filled Medical Examination form;
3. Original Bank Pay-in slip copies with the amount indicated in **form (B)** for the first semester; and
4. Two recent colored passport size photographs.

### Please note:

1. Registration will be conducted within two weeks after opening of the Institute.
2. Registration will **only** be made to students who meet all the above requirements.
3. Meal allowance shall personally be provided to you by your sponsor, parent or guardian
4. **Control number for Tuition Fee will be generated by student on our website [www.lgti.ac.tz](http://www.lgti.ac.tz) from 1<sup>st</sup> July, 2024.**
5. All first years shall reside in the Institute's Hostels.

## **MODE OF PAYMENT**

1. For fee structure and first semester installment payment please refer to form **A** and **B**.
2. **Be informed that, any money once deposited in the LGTI account will not be refunded.**
3. Other recommended direct student costs (incurred by sponsors, parent, guardian or students) are merely indicative.
4. You are required to **Tshs.50,400/=** for joining the National Health Insurance Fund (NHIF) to enhance accessibility of health services.

## **ADDITIONAL INFORMATION**

### **Institute location**

1. The Local Government Training Institute Main Campus. This is located at Hombolo ward, 27km away from Ihumwa Junction on the Dodoma-Morogoro highway.
2. The Local Government Training Institute Dodoma Town Campus. This is located at Area C along Arusha road.
3. The Local Government Training Institute Shinyanga Campus. This is located at Miti Mirefu Street –Boma Road and it is adjacent to the Regional Administrative Secretary in Shinyanga Region.

**DRESS CODE:** Every student is required to wear decent dresses while undergoing training.

Thank you for your cooperation.



Dr. Mashala L. Yusuph  
**RECTOR**

## FEE STRUCTURE APPLICABLE FOR THE ACADEMIC YEAR 2024/2025

<b>TUITION FEE PAYMENT INSTALLMENTS</b>						
<b>SEMESTER I</b>						
		<b>During Registration</b>	<b>At 4<sup>th</sup> week</b>	<b>At 9<sup>th</sup> week</b>	<b>At 13<sup>th</sup> Week</b>	<b>Total</b>
<b>SEMESTER I</b>	<b>LEVEL 4</b>	120,000	120,000	125,000	120,000	485,000
	<b>LEVEL 5</b>	120,000	120,000	225,000	120,000	585,000
	<b>LEVEL 6</b>	120,000	120,000	235,000	120,000	595,000
<b>SEMESTER II</b>						
		<b>During Reporting</b>	<b>After 4<sup>th</sup> week</b>	<b>After 9<sup>th</sup></b>	<b>13<sup>th</sup> Week</b>	<b>Total</b>
<b>SEMESTER II</b>	<b>LEVEL 4</b>	100,000	100,000	100,000	100,000	400,000
	<b>LEVEL 5</b>	100,000	100,000	100,000	100,000	400,000
	<b>LEVEL 6</b>	100,000	100,000	100,000	100,000	400,000

### OTHER CHARGES

<b>DURING REGISTRATION</b>		
	<b>HOSTEL</b>	<b>HEALTH INSURANCE (NHIF)</b>
<b>LEVEL 4</b>	300,000	50,400
<b>LEVEL 5</b>	300,000	50,400
<b>LEVEL 6</b>	300,000	50,400

**N.B:** Control number for each selected student will be generated on the website [www.lgti.ac.tz](http://www.lgti.ac.tz) from 1<sup>st</sup> July, 2024.

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## 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: .....

CHES: .....

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