JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA MAENDELEO YA JAMII, JINSIA, WANAWAKE NA MAKUNDI MAALUM

CHUO CHA MAENDELEO YA JAMII – UFUNDI MABUGHAI,

S.L.P 111,
LUSHOTO
TANGA

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09/06/2025.

Ndugu: ……………………………………………………

YAH: KUCHAGULIWA KUJIUNGA NA MAFUNZO YA CHETI CHA AWALI (Basic Certificate) KATIKA FANI YA UHANDISI UJENZI PAMOJA NA MAENDELEO YA JAMII (Civil Engineering with Community Development) CHUO CHA MAENDELEO YA JAMII UFUNDI, MWAKA 2025/2026.

1.1 Ninayo furaha kukutarifu kwamba umechaguliwa kujiunga kwenye mafunzo ya cheti cha awali (NTA. Level 4) kwenye fani ya Uhandisi Ujenzi pamoja na Maendeleo ya Jamii kwenye Chuo cha Maendeleo ya Jamii Ufundi Mabughai. Mafunzo haya ni ya mwaka mmoja, yatakuwezesha kupata cheti cha awali katika fani hiyo, Cheti ambacho kitapatikana baada ya kushiriki kwako kikamilifu katika mafunzo ya nadharia darasani, na ya vitendo (Field attachment) kwa muda usiopungua wiki nane(8). Ikiwa utafaulu vizuri ngazi hii utaruhusiwa kuendelea na ngazi ya cheti (NTA. Level 5), mafunzo ambayo yatakua ya mwaka mmoja na kama utafaulu vizuri utaendelea na ngazi ya Diploma (NTA. Level 6).

1.2 Mafunzo yataendeshwa katika **Chuo cha Maendeleo ya Jamii Ufundi Mabughai** kilichoko Wilaya ya Lushoto barabara iendayo Mlalo Km 12 kutoka Lushoto mjini. Chuo ni cha serikali kinamilikiwa na Katibu Mkuu Wizara ya Maendeleo ya Jamii, Jinsia, Wanawake na Makundi Maalum.

1.3 Chuo kitafunguliwa tarehe **03/11/2025** na unatakiwa uwe umefika chuoni si zaidi ya tarehe **17/11/2025** na iwapo utafika baada ya tarehe hiyo Chuo hakitakupokea.

1.4 Unatakiwa kulipa ada na michango mingine kama ilivyooneshwa kwenye ‘Fee structure (hapa chini) kwa awamu zisizo zidi mbili kwenye akaunti husika kama zilivyo oneshwa.

1.5 Gharama za mafunzo kwa vitendo, Stationary (vitabu), usafiri wa kwenda Chuoni na kurudi nyumbani kwa muhula (semester) zote itakuwa ni jukumu lako Mzazi / Mlezi.

2.1 Vifaa muhimu unavyotakiwa kufika navyo Chuoni :-

- ❖ Cheti halisi (original certificate) cha mtihani wa kidato cha nne au taarifa ya matokeo ya mitihani (results slip), Cheti cha VETA (kama umehitimu) pamoja na cheti cha kuzaliwa. Aidha vyeti hivi viwe na vivuli (copy).

- ❖ Picha mbili (2) za 'passport size' kama hukuambatanisha kwenye fomu ya maombi.

- ❖ Kila mwanachuo anatakiwa kuja na 'overcoat' (mikono mifupi) la rangi ya blue kwa ajili ya mazoezi ya kiufundi (Practicals) awapo chuoni.
- ❖ Fomu ya taarifa za kiafya kutoka hopitali inayotambulika na serikali
- ❖ Vifaa vya kuchorea, Mathematical set, Drawing Board na Scientific Calculator.
- ❖ Blanket 2, Shuka 2, mto 1, ndoo 2, nguo za michezo (track suit), chandarua cha mbu pamoja na sweta / jacket.

NB: Vifaa vyote vilivyotajwa kwa matumizi na manufaa yako binafsi.

3.1 Mara ufikapo chuoni utapewa kanuni na taratibu za Chuo, pia utapata fursa ya kujizoeza na mazingira ya Chuo (Orientation course)

3.2 Mavazi ya heshima kwa wanachuo wote ni muhimu, suruali zinazobana (skin jeans) na nguo fupi haziruhusiwi.

3.3 Chuo kinatoa huduma ya malazi kwa wanachuo wote. Gharama ya malazi imeambatanishwa katika malipo ya ada, isipokuwa mwanachuo anatakiwa kuja na pesa kwa ajili ya chakula ambacho kinapatikana katika cafeteria Chuoni.

3.4 Iwapo nakubaliana na masharti uliyopewa hapo juu Tafadhali jaza na kuweka saini yako katika fomu iliyoambatanishwa na mkabidhi Mratibu wa mafunzo wa Chuo mara tu utakapo wasili Chuoni.

Kwa mara nyingine tena ninakupongeza kwa kuchaguliwa kwako kujiunga na mafunzo ya cheti cha awali katika Chuo cha Maendeleo ya jamii ufundi. Endapo utahitaji ufafanuzi zaidi, wasiliana na Msajili wa Chuo S.L.P 111, Lushoto au simu namba 0752210818.

FEES STRUCTURE-2025/2026 FOR NTA LEVEL 4 (All amount in TZS)

A. DIRECT PAYABLE TO INSTITUTE (Malipo yanayolipwa Chuoni ni yaliyowekewa kivuli kwenye jedwali na malipo mengine yanalipwa kwenye mfuko mkuu wa Serikali kwa Control Number.

DESCRIPTION	SEM. I	SEM II	TOTAL	ACCOUNT NUMBER
TUITION FEE	300,000.00	300,000.00	600,000.00	ZINALIPWA KWENYE MFUKO MKUU WA SERIKALI WASILIANA NA MHASIBU AKUPE CONTROL NUMBER (Namba za Mhasibu ni) 0621795120/0719230091
BOARDING	100,000.00	100,000.00	200,000.00	
WEAR&TEAR	5,000.00	5,000.00	10,000.00	
EXAMINATION FEE	15,000.00	15,000.00	30,000.00	
CERTIFICATION (Certificate Transcript)	-	15,000.00	15,000.00	
FIRST AID	5,000.00	5,000.00	10,000.00	
REGISTRATION FEE	15,000.00	-	15,000.00	
STUDENT IDENTITY CARD	10,000.00	-	10,000.00	
MEDICAL(NHIF)	50,400.00	-	50,400.00	ZINALIPWA KWENYE AKAUNTI YA: UZALISHAJI MABUGHAI CDTTI 41602301399 NMB BANK
WORKSHOP PRACTICE	65,000.00	65,000.00	130,000.00	
NACTVET (Quality Assurance)	20,000.00	-	20,000.00	
TOTAL	**585,400.00**	**505,000.00**	**1,090,400.00**	
A. DIRECT PAYABLE TO STUDENT ORGANIZATION (Serikali ya Wanafunzi)				
STUDENTS ORGANIZATION	5,000.00	5,000.00	10,000.00	**MABUGHAI STUDENT ORGANIZATIO 41610011976 NMB BANK**

B. DIRECT PAYABLE TO STUDENT (Matumizi ya mwanafunzi mwenyewe)

Meals	Field Allowance	Books and Stationery
850,000.00	300,000.00	150,000.00

Nkuu Erasmus
Mkuu wa Chuo

CHUO CHA MAENDELEO YA JAMII - UFUNDI MABUGHAI
MKUU WA CHUO
S. L. P 111
LUSHOTO - TANGA

YAH: KUKUBALI KUTEKELEZA MASHARTI YA KUJIUNGA NA MAFUNZO YA CHETI CHA AWALI KATIKA CHUO CHA MAENDELEO YA JAMII UFUNDI MABUGHAI MWAKA 2025/2026

Mimi **……………………………………** nimekubali masharti yote yaliyoainishwa hapo juu.

Nimepokea taarifa ya kuchaguliwa kujiunga na mafunzo ya Cheti cha awali cha uhandisi ujenzi pamoja na Maendeleo ya Jamii, yanayotolewa katika Chuo cha Maendeleo ya Jamii Ufundi Mabughai – Lushoto.

…………………………….. **……………………………………..**

SAHIHI YA MWANAFUNZI **JINA LA SHAHIDI (MZAZI/MLEZI)**

………………………. **…………………………..**

TAREHE **SAHIHI YA SHAHIDI.**

ANUANI YA MZAZI / MLEZI

S.L.P …………………………… **NAMBA YA SIMU…………………..**

…………………………..

…………………………..

MINISTRY OF COMMUNITY DEVELOPMENT, GENDER, WOMEN AND SPECIAL GROUPS

MABUGHAI COMMUNITY DEVELOPMENT TECHNICAL TRAINING INSTITUTE
(Medical Form)

NAME: …………………………………………………. AGE: ……….. SEX: …………
MARITAL STATUS: …………
NTA LEVEL: …….

PERSONAL HISTORY

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

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

PHYSICAL EXAMINATION

1. Height
2. Skin disease
3. Weight……………………………….
4. Eye: Conjunctivac…………………
   Pupils…………………………..
   Vision Right……………………
   Left……………………………..
   With glasses Right………………….
   Left…………………..
5. Please state condition of
   Ears (if any discharge)
6. Any Abnormality
7. Cardiovascular System
8. Blood pressure: Systolic……Diastolic……..
   Heart: Any Murmur?....................................
   Arteries and Veins……………………………
9. Abdomen:…………..…Hernia……………….
   Hydrocele……………………………………
   Masses…………………………………………..

   Liver………………………………………………
   Kidney……………………………………………
   Rectal……………………………………………
   Any clinical evidence of hyperacidity or Duodenal ulcer?

LABORATORY

1. Urine Albumin…………………...

   Sugar……………………………………………………………..

   Lucocectyes…………………………………………………

   Bilharzias………………………………………………………

2. Stool: Special emphasis of Hookworm or Bilharzias

3. Blood examination: Hb level………………………………

   (a) Neutrophils…………………………………………….

   (b) Eosinophils…………………………………………….

   (c) Basophils………………………………………………

(d) Lymphocytes………………………………………

(e) Monocytes …………………………………………..

(f) ESR…………………………………………………..

4. X-rays examination-Chest

5. Serology: Widal Test……………..VDRL…………………..

6. Pregnancy test……………………………………………..

CONCLUSION

I HAVE EXAMINED Mr./Miss/Mrs……………………………………………..and consider that he/she is not physically and mentally fit to be admitted to the Institute for studies.

Name ………………….. **Signature** …………………… Date…………..

Title …………….. **Qualifications…………………………………..**

Adress: ………………………..

………………………… Stamp

…………………………