JOINING INSTRUCTIONS FOR SELECTED APPLICANTS
FOR ACADEMIC YEAR 2020/2021

Ref: KIST/ADMIN/VOL.I/20/___
Mr/Ms.________________________________

REF: ADMISSION INTO THE ______________________________________________

PROGRAMME FOR THE 2020/2021 ACADEMIC YEAR

Please be informed that, you have been selected to join the Karume Institute of Science and Technology (KIST) for the above mentioned programme. You are required to report for the Orientation and registration on **Monday 16th November, 2020**. The registration process end on **15th December, 2020**

We wish you success in this challenging task as we warmly welcome you to the Karume Institute of Science and Technology. You will pursue the programme identified in your letter of invitation to join the Institute.

LOCATION:
The Karume Institute of Science and Technology is located at Mbweni along Chukwani Road adjacent to the Zanzibar House of Representatives, Zanzibar about 7 kilometres from the Stone Town.

1.0 TRAVELING EXPENSES
Your sponsor or guardian or yourself shall be responsible for your traveling expenses to and from KIST throughout your studies.
2.0 MEDICAL EXAMINATION
New students will only be admitted upon producing a satisfactory medical report of health fitness. You are therefore requested to undergo a medical examination by a register and competent medical practitioner or from a Government Hospital before coming to the Institute. Medical Examination Forms are enclosed.

3.0 PRIVATELY SPONSORED STUDENTS
All first year students Under Private Sponsorship (other than those under Higher Education Students’ Loan Board (HESLB) or Zanzibar Higher Education Loans Board (ZHELB) Scheme must fill in and submit Student’s Sponsorship Declaration Forms before being registered.

4.0 ARRIVAL REQUIREMENT
On arrival, you are supposed to report to the Registrar’s office for registration after submission of the following:
(a) Evidence of tuition and other fees payment
(b) The letter of invitation to join the Institute
(c) A duly filled Medical Examination Form
(d) Original Academic Certificates and certified Academic Transcripts where it is applicable, including two copies of each Academic Certificates
(e) Original Birth Certificate with two copies
(f) Caution Money

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.
5.0 SPONSORSHIP FEES:
Students joining different programs have to be sponsored. Such sponsors could either be their employers, Parent or Guardians, HESLB, ZHELB or Private. Paid fees are non-refundable. The fee structure is attached for guidance for appropriate planning and for your further action.

NOTE:
*The fee structure shall be reviewed from time to time whenever the Institute finds it is necessary to do so. All students shall be notified in writing.*
6.0 STUDENT AFFAIRS
There is a Students’ Organization known as KISTSO (Karume Institute of Science and Technology Students’ Organization). This is an organ which coordinates and organizes all students’ welfare and social activities at the Institute.

7.0 CAUTION MONEY
All first year students are required to pay 20,000/= or 30 USD (during registration) as caution Money. Caution money is refundable at the end of the programme provided the payee did not cause any loss or damage to the Institute’s property during the study period. Where the loss exceeds the caution money the student shall top up the difference.

8.0 JOB RELEASE
Any student who is employed will have to produce written evidence from his or her employer that, he or she has been officially released to pursue the intended programme. One should bring such evidence for use during the registration exercise.

9.0 GENERAL INFORMATION
During registration and the entire period of the programme the Institute shall ensure the legality of the registered students. Registration can be nullified any time if it comes to our knowledge that a student had cheated by submitting forged documents.

9.1 Cancellation of Admission
Failure to register within the first two weeks (10 working Days) after opening of the Institute shall lead to cancellation of your admission.
9.2 Identity Card
(a) Each student is pay Tshs. 5,000/= for an Identity Card.
(b) Replacement of a lost Identity Card will be done upon paying ten thousand Shillings (Tshs.5,000/=) and submission of a Police loss report as an evidence of the incidence to the Registrar office.

9.3 KISTSO Membership
Every student shall be a member of the Students’ Organization (KISTSO). Every member is obliged to pay a membership fee of ten thousand Shillings (5,000/=) annually.

9.4 Orientation Week
Every new student must attend an orientation programme that shall last for a week before commencement of the academic year.

9.5 Health Insurance
Each student is required or rather strongly advised to have registered with National Health Insurance Fund or any other health insurance policy prior joining the Institute in order to cover day to day health matters.

10.0 INSTITUTE FACILITIES AND CONDITIONS FOR USE
The Institute has Library facilities, Computer Laboratories, Hostels, Workshops, Restaurants and recreational facilities.
(a) Selected applicants are informed that the Institute does not have enough/adequate accommodation at the moment hence, they should be prepared to seek for private accommodation outside the Institute.
(b) Students are advised to come with all necessary items for their studies e.g. exercise books, drawing instruments kit, pens, calculators, drawing pencils and tracing pens, laptop computer, etc.
(b) Students are required to come with at least two pairs of blue overalls, overcoats and safety boots.
(c) Medical treatment will be provided at the nearest health centre or hospital after the submission of Health Insurance card or from direct student’s cost.

(d) Students accommodated in the Institute’s hostels must observe rules and regulations pertaining to students conduct and discipline (by-laws). The institute reserves the right of admission to the hostels.

(e) Students are encouraged to participate fully in sports and games activities. The Institute participates in various sports competitions: football, netball, basketball, volleyball, athletics and other indoor games. Students are advised to come with sports gear.

11.0 INSTITUTE’S REGULATIONS AND BY-LAWS

As a student of this Institute you will be required to adhere to the Institute’s regulations and by-laws listed hereunder:

11.1 Examination Rules and Regulations
All students must adhere to the Institutes rules and regulations.

11.2 Student General Conduct and General Discipline
All students must observe general conduct and discipline as prescribed in the Students Handbook and other documents.

11.3 Study Visit
The Institute through the subject lecturers will organize study visits when it deems necessary. It is not students’ responsibility to demand for study visits.

11.4 Other Regulations
The Institute has regulations governing the use of Workshops, Library, Computer Laboratories, Classes and Sports facilities and Hostels. The Institute’s authority reserves the right for the interpretation of its rules, regulations and the right to change them, as it may deem necessary.
12.0 TUITION FEES AND

The applicable tuition fee must be paid at least 50% of the total fees to be paid in advance within three weeks after started 1st Semester and the remaining should be paid before commencement of the 2nd Semester;

12.1 ASSOCIATION COSTS

All the association cost should paid before registration

<table>
<thead>
<tr>
<th>Description</th>
<th>Government Students Contribution Level 4 - 6</th>
<th>Private Students Fees Level 4 - 6</th>
<th>Private Students Fees (Sponsored) Level 4 - 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration NACTE</td>
<td>15,000</td>
<td>15,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Identity Card</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Education Festival</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Sports Development</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Semester Examinations</td>
<td>140,000</td>
<td>140,000</td>
<td>230,000</td>
</tr>
<tr>
<td>Transport Facilities</td>
<td>60,000</td>
<td>60,000</td>
<td>60,000</td>
</tr>
<tr>
<td>ICT</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Industrial Training(IT)</td>
<td>50,000</td>
<td>50,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Graduation</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Student Association</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Accommodations</td>
<td>100,000</td>
<td>120,000</td>
<td>175,000</td>
</tr>
<tr>
<td>Department Contribution</td>
<td>22,500</td>
<td>22,500</td>
<td>22,500</td>
</tr>
<tr>
<td>Health Associations</td>
<td>54,000</td>
<td>54,000</td>
<td>54,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>488,000</strong></td>
<td><strong>508,000</strong></td>
<td><strong>823,000</strong></td>
</tr>
</tbody>
</table>

Mode of payment.

The fees and other costs should be paid through The Peoples’ Bank of Zanzibar,
Account Name: Karume Institute of Science and Technology, Account No: 0404391002 and submit the Pay in Slips to the Accounts Office.
**Fee structure for NTA Level 4-6**

**a. Contribution paid to the Institute**

<table>
<thead>
<tr>
<th>Description</th>
<th>Government Students Contribution</th>
<th>Private Students Fees</th>
<th>Private Students Fees (Sponsored)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 4 - 6</td>
<td>Level 4 - 6</td>
<td>Level 4 - 6</td>
</tr>
<tr>
<td>Tuition Fees</td>
<td>290,000</td>
<td>580,000</td>
<td>2,320,000</td>
</tr>
<tr>
<td>Registration NACTE</td>
<td>15,000</td>
<td>15,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Identity Card</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Education Festival</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Sports Development</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
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<td>140,000</td>
<td>230,000</td>
</tr>
<tr>
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<td>60,000</td>
<td>60,000</td>
<td>60,000</td>
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<tr>
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<tr>
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<td>5,000</td>
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<td>Accommodations</td>
<td>100,000</td>
<td>120,000</td>
<td>175,000</td>
</tr>
<tr>
<td>Department Contribution</td>
<td>22,500</td>
<td>22,500</td>
<td>22,500</td>
</tr>
<tr>
<td>Health Associations</td>
<td>54,000</td>
<td>54,000</td>
<td>54,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>778,000</strong></td>
<td><strong>1,088,000</strong></td>
<td><strong>3,143,000</strong></td>
</tr>
</tbody>
</table>

**b. Allowance paid direct to the student**

<table>
<thead>
<tr>
<th>Description</th>
<th>Government Students Contribution</th>
<th>Private Students Fees</th>
<th>Private Students Fees (Sponsored)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 4 - 6</td>
<td>Level 4 - 6</td>
<td>Level 4 - 6</td>
</tr>
<tr>
<td>Project work (NTA-6)</td>
<td></td>
<td>From 300,000</td>
<td></td>
</tr>
<tr>
<td>Food (min. 2,500/day)</td>
<td>From 750,000</td>
<td>From 750,000</td>
<td>810,000</td>
</tr>
<tr>
<td>Transport during IPT</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Books and stationeries</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>
DECLARATION FORM ON CONDITIONS FOR INSTITUTE REGULATIONS AND BY – LAWS

INSTRUCTIONS:
Read this form carefully and be sure that the contents are clear to you before filling it. Incomplete forms shall not be considered.

a) Use capital letters to fill this form.
b) Fill all parts of this Form.

PART I. PERSONAL STUDENT PARTICULARS:
SURNAME ............................................. OTHER NAMES..........................................................
MARITAL STATUS ....................................... DISABILITY ..........................................................
DATE OF BIRTH ............................................. SEX .............. NATIONALITY ..................................
PHONE NUMBER ..................................................................................................................
FORM FOUR INDEX NUMBER (Example; S0100/0030/1995) ..........................................................
FORM SIX INDEX NUMBER (Example; S0100/0030/1995) ..........................................................

PRESENT ADDRESS:
P.O.BOX ..................................... MOBILE NO ..................................................................
STREET ........................................................... TOWN ..................................................................
VILLAGE ........................................................... WARD ..........................................................
DISTRICT ................................................................ E-mail ..........................................................
PERMANENT HOME ADDRESS:
P.O.BOX .......................................................... MOBILE NO ..........................................................
STREET .......................................................... TOWN ..........................................................
VILLAGE ................................. WARD ............................... DISTRICT ................................... REGION ..............

PARENTS/GUARDIAN ADDRESS:
NAMES ..............................................................................................................................................
P.O.BOX .......................................................... MOBILE NO ..........................................................
STREET .......................................................... TOWN ..........................................................
VILLAGE ................................. WARD ............................... DISTRICT ................................... REGION ..............
WARD .......................................................... DISTRICT .................................. REGION ..............

NEXT OF KIN:
NAMES ..............................................................................................................................................
P.O.BOX .......................................................... MOBILE NO ..........................................................
STREET .......................................................... TOWN ..........................................................
VILLAGE ................................. WARD ............................... DISTRICT ................................... REGION ..............
WARD .......................................................... DISTRICT .................................. REGION ..............
RELATIONSHIP .................................................................................................................................

PART II INSTITUTE REGULATIONS & BY-LAWS
As a student of this Institute you will be required to adhere to the Institute regulations and by-laws listed here under:-
a) Examination Rules and Regulations
b) Hostel Regulations
c) Students’ By – Laws
d) Industrial Practical Training Regulations

The Institute authority reserves the right for the interpretation of its rules and regulations and the right to change them as it may deem necessary.

NB: The details of the above named regulations shall be given to students during the Orientation period.
PART III  DECLARATION ON INSTITUTE REGULATIONS AND BY-LAWS

SECTION A: STUDENT

I, (Name of student) ................................................................. Postal Address ............................................................... 

Do HEREBY accept and promise to adhere to regulations and by-laws of the Institute as stipulated in part II of this declaration form. Also I understand that any breaching of the regulations and by-laws stated therein may result in expulsion from the Institute.

SIGNED AND DELIVERED this .................. (day) of.............. (month) ........... (year) at.........................(place)

...................................................

(Student’s Signature)

SECTION B: PARENT/GUARDIAN/SPONSOR

I, (Name) ............................................................... Parent/Guardian/Sponsor of ..............................................................

.............................................................................................................(Name of Student) DO HEREBY confirm the acceptance of the above-mentioned student to follow and adhere to institute regulations and by-laws as stipulated in Part II of this Declaration form. Also I understand that any breaching of any of the regulations and by-laws stated therein will result into expulsion of the student from the Institute.

SIGNED AND DELIVERED this..............day of .................. (Month) ............. (Year) at......................... (place)

...................................................

(Signature of Parent/Guardian/Sponsor)

Address (include telephone no) ..............................................................................................................................

Tel: .................................................................................................. Date .................................................................
PART IV

FOR OFFICIAL USE ONLY (Tick whichever is applicable)

1. The form is properly filled. YES/NO

2. All necessary requirements for registration process are fulfilled. YES/NO

3. Student is eligible for registration. YES/NO

4. Name of the officer ............................................................... Signature ..............................................

Date............................................................... Stamp
MEDICAL EXAMINATION

PART ONE: To be filled by student him/her self.

Section A

Full name …………………………………………………………………………………..Sex………..

Date of birth …………..Nationality………………….. Marital status: single/ married/ widow.

HEALTH HISTORY

□ Epilepsy / seizures disorders? □ Psychiatric disorders?
□ Any injury or major surgery in past five years □ persistence headache?
□ Heart trouble or high blood pressure? □ Asthma or Tb?
□ Peptic ulcer/ digestive problem? □ Liver /diabetic problem?
□ Urinary/ sexual transmitted diseases? □Allergic disorders?
□ Eye problem/glasses? □ Hearing disorders?
□ Pregnancy/gynaecological disorders? □ Any regular medication/
□ Any special customs/ diet or beliefs? □ Any deformity specified disorders?

Note: if you check any of the above or anything additional that has not been mentioned please explain…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

I certified that above information is true and complete. I understand that inaccurate, false or missing information may invalidate this examination and is my responsibility.

Date………………………… Signature…………………………..
URINE ANALYSIS

Appearance:
…………………………………………

Chemically:
Urobilinogen ..... 
Protein ..... 
Ketones 
Blood ..... 
Nitrites ..... 
Leucocytes ..... 
Sugar ..... 
Ph 
SG 
C/ deposit
………………………………………………………………………………………………………………

Hepatitis C Screening
Result ....................

ABO blood group
Result ............

Lab tech signature ..................

Physical examination:
Weight .................. Height .................. B/P ..............
Vision: 
Rt. .................. Hearing
Lt. ..................

With/ without glass
SYSTEMIC EXAMINATION
P/A .................. CNS ..................
CVS .................. R/S ..................

. 

Doctor’s Recommendation
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Doctor’s Name: ...................................................

Signature .................. Date ..................
Dear Sir,

**RE: DECLARATION TO SPONSOR A STUDENT AT THE KARUME INSTITUTE OF SCIENCE AND TECHNOLOGY**

We/I ........................................................................................................ Will sponsor
Mr./Mrs./Miss..................................................................................................
Who has been selected for admission into...........................................................................
(name of the programme at the Karume Institute of Science and Technology).

We/I promise to pay all his/her studentship 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, Signature and
........................................................................) title of officer

(OFFICIAL STAMP)

**Contact Address:-**
Telephone:....................................................
Telefax:....................................................
E-mail:.....................................................