THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENT DEVELOPMENT
TANZANIA NATIONAL GEO- INNOVATION CENTER (TNGC)

APPLICATION FORM FOR ADMISSION

ACADEMIC YEAR: 2026/2027

1. PROGRAMME APPLIED FOR:

1.1 Course: Drone Mapping and Satellite Surveying

[ ] Basic Technician Certificate – NTA Level 4 [ ] Ordinary Diploma – NTA Level 5&6

1.2 Course: Geographical Information System (GIS)

[ ] Basic Technician Certificate – NTA Level 4 [ ] Ordinary Diploma – NTA Level 5&6

2. SECTION A: PERSONAL PARTICULARS

1. Surname: …….. Other Names: …….
2. Gender: [ ] Male [ ] Female Date of Birth: …….
3. Nationality: ……... NIDA/Birth Cert No: ……
4. Marital Status: [ ] Single [ ] Married [ ] Other
5. Region of Residence: …… District…….
6. Mobile No: …….. Email: …….
7. Postal Address: ……..
8. Name & Phone of Next of Kin: ……

SECTION B: EDUCATIONAL BACKGROUND

Attach certified copies. Start with most recent.

Examination	Year	School/Centre	Index No.	Division/GPA	Relevant Subjects & Grades
CSEE					
ACSEE					
NTA Level 4					

Entry Requirements:

COURSE	Geographical Information System (GIS)	Drone Mapping& Satellite Surveying
NTA LEVEL 4	CSEE with minimum Four (4) Passes at Grade D or higher Must include Mathematics AND Geography, Physics or Chemistry subjects	CSEE with minimum Four (4) Passes at Grade D or higher Must include Mathematics AND Geography and any other two subjects except religious based subjects.
NTA LEVEL 5&6	At least two (2) principal passes in physics, Geography, Mathematics, Chemistry OR, Basic technician certificate (NTA level 4) in Geographical Information System (GIS), Cartography, Land management, Valuation and Registration, Land Surveying, Geomatics or any related programmes from recognized institutions.	At least two (2) principal passes in physics, Geography, Mathematics, Chemistry OR, Basic technician certificate (NTA level 4) in drone Mapping and Satellite Survey or any land Surveying related programmes from recognized institutions.

SECTION C: DECLARATION BY APPLICANT

I, ……, confirm that all information provided is true. I understand that false information will lead to cancellation of admission.

Signature: ……... Date: ……

Signature of Parent/Guardian: …….. Date: …….

SECTION D: CHECKLIST & FEES

[ ] Application Fee TZS 10,000 paid ……. Receipt No: …….

[ ] CSEE/ACSEE Certificates attached

[ ] Birth Certificate/NIDA attached

[ ] 4 Passport-size photos attached

[ ] Medical Form attached

For Official Use Only

Received by: ……. Date: …….. Admission No: ……

Decision: [ ] Admitted [ ] Not Admitted Reason: …….

All Applications should be addressed and submitted to:

The Principal,

Tanzania National Geo-Innovation Center [TNGC],

P.O. Box 1576

DODOMA

OR, by email to: *admissions.tngc@lands.go.tz*

NB,

For inquiries and ***control number for Application fee*** *please contact:* ***+255 737 795 901***

Deadline for application: BEFORE *August 30th, 2026*

MEDICAL EXAMINATION REPORT FORM

A. APPLICANT DETAILS

NAME: ……

SEX: [ ] Male [ ] Female Date of Birth: …….

B. MEDICAL EXAMINATION – TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER

Examination Findings Normal / Abnormal

Height: ……cm Weight: ……kg BP: …….. mmHg

Eyesight: L _/_ R _/_ Colour Vision: [ ] Normal [ ] Defective

Hearing: [ ] Normal [ ] Defective Chest/Lungs: [ ] Normal [ ] Abnormal

Heart: [ ] Normal [ ] Abnormal Abdomen: [ ] Normal [ ] Abnormal

Physical Deformity: [ ] None [ ] Yes: ….. Mental Health: [ ] Normal [ ] Abnormal

Chronic Illness: [ ] None [ ] Yes: …… Allergies: …….

Blood Group: ……. Hb: ……. Urine/Stool R/E: ……

C. MEDICAL OFFICER'S CERTIFICATION

I certify that I examined the above applicant on …….. and found him/her:

[ ] MEDICALLY FIT for technical training [ ] NOT FIT Reason……

Name: ……. Reg. No: ……..

Hospital/Health Centre: …… Official Stamp:

Signature: ……..Date: ……

FOR OFFICIAL USE ONLY

Received by: ___ Date: __ Admission No: ___

Decision: [ ] Admitted [ ] Waitlisted [ ] Rejected Remarks: ___