

INSTITUTE OF SOCIAL WORK

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210 Shekilango Road
P.O. Box 3375
14113 Kijitonyama
Dar Es Salaam.

ADMISSION NO. ISW/ODLRPM/2025T

26/05/2025

Name:

RE: JOINING INSTRUCTIONS FOR ORDINARY DIPLOMA IN LABOUR RELATIONS AND PUBLIC MANAGEMENT- TAMISEMI STUDENTS

We are pleased to inform you that you have been selected to join a **THREE YEARS Ordinary Diploma in Labour Relations and Public Management** at the Institute of Social Work for the 2025/2026 academic year. On behalf of the Board of Governors, the Management takes this opportunity to congratulate you for your success. You are required to report to the Institute on 20th October, 2025 for orientation and registration.

NB. Reporting date may change depending on directives given by the Government.

1.) Conditions for Registration

a) Payment of tuition fee

You are required to pay tuition fee in four installments. To be registered, you should pay full amount of the first installment (see payment schedule in the fee structure attached). Medical insurance (NHIF) is **mandatory** and you are required to either pay the prescribed amount or produce a valid insurance card during registration. Failure to do, you will be disqualified from registration. **Please note that, fees once paid cannot be refunded. Also, note that students above 18 years old are required to have a National ID number to enable them register successfully with NHIF (This is a MUST HAVE).**

b) Mode of Payment

All payment should be made through the Student Information Management System (SIMS). Ensure you get Control Number for the Government electronic Payment Gateway (GePG). **Don't pay through our help lines below.** The procedures of Payment are as follows:

- i. Go to the Institute website www.isw.ac.tz and click **Student Information Management System**
- ii. Log into SIMS by entering your Admission number as **Username** and your surname in CAPITAL LETTERS as **Password**
- iii. Click the **Payment** button
- iv. Click **Fee Structure** button, after selecting your Academic year, Program and Class, then Click **Preview Invoice** button
- v. Select your **mode of Payments Control Number** where all payment instructions are clearly indicated. For Further assistance, please **Call our help lines** 0677111200/0735509090

c) Medical Examination

Registration of prospective students is subject to provision of satisfactory medical report from a recognized or registered medical practitioner. The forms should be brought to the Institute during the orientation period.

d) Original and Photocopies of Certificates

You are supposed to come with Original Birth Certificates, and 2 photocopies of academic Certificates for verification.

e) Passport Size Photographs

You should bring with you four colored passport size photographs taken recently. These photographs are for registration purposes and student identity cards.

f) Letter of Acceptance

You have to sign and return a letter of acceptance on your arrival at the Institute.

2. Adherence to Institute's Rules, Regulations and by-laws

You are admitted to the Institute on the understanding that, you will adhere to its rules, regulations and by-laws as clearly stipulated in the Institute Prospectus (2024/2025 - 2025/2026) and any other relevant guidelines. As such, the Institute expects students' behavior both on and off campus to be ethically accepted. **NOTE: Institute of Social Work students shall always be expected to dress decently. Shoes allowed as part of the dress must be black covered shoes. Sandals are strictly not allowed within the campus grounds.**

3. Additional Information

(a) Traveling Arrangements

Your employer/sponsor/parent will be responsible for all your traveling costs to and from the Institute during vacations and no students will be allowed to stay at the Institute during long vacations.

(b) Hostel Accommodation

The Institute has limited accommodation services within the campus. Students are encouraged to make booking in advance via Institute website. The Institute Hostel fee is Tsh. 380,000/- per year. However, there are private hostel services for students nearby the Institute. Costs for the private hostels is approximated to be between Tshs 600,000/= and Tshs 720,000/= per year.

(c) Meals

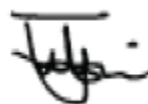
The Institute has a cafeteria. You are encouraged to have meals in the cafeteria to avoid eating in unhygienic places. Each student bears his own cost for his/her daily meals.

(d) Laptop

You are advised to bring with you a laptop to enable you access online materials anywhere, at any time.

Once again, I welcome you to this Institute and wish you a good stay for the entire duration of your studies.

All the best.



Dr. Joyce Nyoni
RECTOR



LETTER OF ACCEPTANCE

I do hereby

(Full Name)

Accept/do not accept the offer given to me to pursue the course applied for at the Institute of Social Work, Dar es Salaam. I shall abide to all term and conditions of the Institute's Regulations.

Signature:

Date:

SPONSORSHIP

I

of

do agree to sponsor.....

for the course he/she has (Name of Student) applied for at the Institute of Social Work, Dar es Salaam.

Signature and official Stamp.....

Date:.....

This form must be returned to the Institute of Social Work.

Note that no student will be registered without producing a receipt showing that the cost payable to the Institute has been paid.

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REQUEST FOR MEDICAL EXAMINATION

PART A: TO BE COMPLETED BY THE STUDENT

FULL NAME (IN BLOCK CAPITALS)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS		DATE OF BIRTH NATIONALITY	

FAMILY HISTORY

Have any member of your family had the following illnesses or disorders?	Yes	No
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>

PART B: TO BE COMPLETED BY A MEDICAL DOCTOR/OFFICER

Hospital

Please examine the above named as to his/her fitness for admission as a student at the Institute of Social Work.

Check +Ve or -Ve

	+Ve	-Ve		+Ve	-Ve		+Ve	-Ve		+Ve	-Ve
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Heart and blood vessel disease	<input type="checkbox"/>	<input type="checkbox"/>	Urinary disorder	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer of stomach or duodenum	<input type="checkbox"/>	<input type="checkbox"/>	Kidney trouble	<input type="checkbox"/>	<input type="checkbox"/>	Shortsighted or longsighted	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Gall stones	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please specify)		
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Repeated bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Amoebic dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental disorder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Comments (Please comment on findings)

Conclusions (Please state your opinion on the physical and mental fitness)

Name of the examining physician (in block capitals):

Signature:

Address:

Date: (d/m/y):

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INSTITUTE OF SOCIAL WORK FEE STRUCTURE/ PAYMENT SCHEDULE 2025/2026

*** Paid in case one doesn't have NHIF Card/Membership**

**PAYMENT SCHEDULE FOR ORDINARY DIPLOMA, TECHNICIAN CERTIFICATE AND BASIC
TECHNICIAN CERTIFICATE PROGRAMS**

Payment Date	Basic Technician Certificate	Technician Certificate	Ordinary Diploma
1st Installment 15/9/2025-5/12/2025	369,900	417,400	417,400.00
2nd Installment 6/12/2025-1/02/2026	198,500	246,000	246,000.00
3rd Installment 02/02/2026-08/05/2026	198,500	246,000	246,000.00
4th Installment 09/5/2026 -4/7/2026	198,500	246,000	246,000.00
Total	965,400	1,155,400	1,155,400

PAYABLE DIRECT TO STUDENTS

No.		Basic Technician Certificate NTA Level 4	Technical Certificate NTA Level 5	Ordinary Dipolma NTA Level 6
1	Meals Allowances	1,904,000	1,904,000	1,904,000
2	Accomodation	600,000	600,000	600,000
3	Books and Stationary	700,000	700,000	700,000
4	Scientific calculator	60,000	60,000	60,000
5	Field Allowance	600,000	600,000	600,000

Issued by:
Chief Accountant
Institute of Social Work