LANDMARK INSTITUTE OF EDUCATION SCIENCE AND TECHNOLOGY

Email: info@landmark.ac.tz
Website: www.landmark.ac.tz
Telephone: +255746 469 191,
+255754 608 164.
NACTVE REGISTERED: TVET:REG/ BTP/083.

P.O Box 412
GEITA,
TANZANIA.

Ref: LI/TC/26/004

Date 06/01/2026.

MAELEKEZO YA KUJIUNGA NA

Ndugu ……

1. Uongozi wa chuo cha **Landmark Institute of Education Science and Technology (LIEST)** unapenda kukujulisha kuwa kulingana na ufauru wa matokeo ya kidato cha nne, umechaguliwa kujiunga na kozi ya;
   (i). Business Administration (Uongozi na usimamizi wa Biashara) ☐
   (ii). Accountancy (Uhasibu) ☐
   (iii). Information and Communication Technology (ICT) ☐
   Mwanachuo atasoma Certificate mwaka 1, na Diploma Miaka Miwili.
2. **Sifa:** Awe Muhitimu wa kidato cha nne na ufauru wa kuanzia PASS nne kwa alama "D" au zaidi.
3. **Maelekezo muhimu ya kuzingatia kabla ya kufika chuoni**
   i. Mwachuo anatakiwa kufika chuoni akiwa amejaza fomu hii pamoja na fomu ya vipimo vya afya (Medical Examination form) iliyo ambatanishwa na fomu hii na viambatanisho vyote.
   ii. Mwachuo anatakiwa kuja na cheti halisi cha kidato cha nne (CSEE or Results slip au namba aliofanyia mtihani wa kidato cha nne au cheti ngazi ya 4 (NTA level 4) endapo anahamia kutoka chuo kinachotambulika na Serikali.
4. **Usajili**
   Mwachuo atasajiliwa chuoni kupitia mfumo wa Baraza (NACTVET) pale tu atakapokua amelipa kiasi cha shilingi **Tsh 30,000/=** kilicho ainishwa kwenye jedwali.
5. Usajili utaanza Tarehe **02/03/2026,** kuanzia **saa 2:00** asubuhi hadi **saa 10:00** jioni,
6. **Ada:** Ada ni shilling **Tshs. 750,000/=** (Laki saba na nusu tu) kwa mwaka, Itakayolipwa kwa awamu tatu, kila baada ya miezi mitatu. **Maelekezo mengine ya malipo yanapatikana chuoni.**

Awamu za malipo ya ada an michango mingine;

	Aina ya Malipo	Awamu ya Kwanza	Awamu ya Pili	Awamu ya tatu
1	Ada ya Mafunzo	Tsh.300,000/=	Tsh.300,000/=	Tsh.150,000/=
2	Hostel	Tsh.150,000/=	Tsh.150,000/=	Tsh.50,000/=
6	Usajili	Tsh.30,000/=		
	Jumla	**Tsh.480,000/=**	**Tsh.450,000/=**	**Tsh.200,000/=**
	Jumla kuu	**Tsh.1,130,000/=**		

Malipo yote yafanyike kupitia Akaunti namba ya chuo Benki ya CRDB. Jina la akaunti: Landmark Institute, Namba ya akaunti: 0150355236200.

7. **Malazi na Chakula**
   Huduma za hostel ni pamoja na Kitanda, Godoro, Maji, Umeme na Ulinzi ambavyo mwachuo atavipata bure bilakulipia gharama nyingine zaidi, isipokua huduma ya chakula mwachuo atajitegemea kwa kujipikia hostel.
8. **Mahali chuo kilipo.**
   Chuo kipo Geita mjini kata ya Nyankumbu mtaa wa Uwanja, karibu na soko la asubuhi la Nyankumbu, mita 100 kutokea barabara ya lami iendayo Katoro/Bukoba kutokea Mwanza. Kwa maelezo zaidi fika chuoni au wasiliana nasi kupitia namba **0746 469 191** au **0754 608 164** au barua pepe admission@landmark.ac.tz au info@landmark.ac.tz au tembelea website ya chuo www.landmark.ac.tz

Marco Migambo
……
Marko Migambo- **Mkuu wa chuo – Landmark Institute.**

LANDMARK INSTITUTE OF EDUCATION SCIENCE AND TECHNOLOGY (LIEST)

P.O Box 412 Geita, Tanzania.

Telephone: +255746 469 191, +255754 608 164.
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NACTVE REGISTRATION: TET: REG/BTP/083
VET: REG/NACTVET/0327P

Passport size Photograph

APPLICATION FORM FOR CERTIFICATE / DIPLOMA PROGRAMMES

PART I: (For official use only)

APPLICANT MEETS ENTRY REQUIREMENT FOR CERTIFICATE ☐ DIPLOMA ☐

PAYMENT: RECEIPT No: _____ APPLICATION No: _____

PART II: APPLICATION FOR ADMISSION TO CERTIFICATE/DIPLOMA IN THE YEAR 20.....

1. FIRST NAME (UPPER CASE). .....

2. MIDDLE NAME (UPPER CASE). .....

3. SURNAME (UPPERCASE) .....

NOTE: The name in which you will be registered shall be that which appears on your National Form VI School Certificate or equivalent document'

Put [√] in the respective bracket

During registration, all students shall be required to produce their original academic certificate OR transcripts for verification purposes.

4. **Date of Birth:** Day ☐☐ Month ☐☐ Year ☐☐☐☐	5. **Place of Birth:** (Town or District and Country)	
6. **Religion**:	7. **Marital status**: Married ☐ Single ☐	
8. **Sex**: Male ☐ Female ☐	9. **Citizenship**:	10. **Country of Residence**:

11. **Contact Address**		**Employers Name**	
Physical Address:		Contact Address	
Email Address:		Email Address:	
Mobile No.		Telephone No:	

12. **Name of next of kin Name:** .....

Occupation: .....

Relationship: .....

Full address: .....

Mobile: .....

13. Name of Primary School	13.1.4 Subjects taken in 'O' level& Grade	13.1.5 Subjects taken in 'O' level& Grade
13.1 **'O' Level** **Yes** ☐ **No** ☐		
13.1.1 Secondary School(s) attended		
13.1.2 Index Number		
13.1.3 Year Completed:		
Overall Grade (Class/Division) Points		

13.2. **'A' Level** **Yes** ☐ **No** ☐	13.2.4 Subjects taken in 'A' Level	13.2.5 Grades (i.e. A, B, C, D, E, S & F)
13.2.1 Index Number:		
13.2.2 Year Completed:		
13.2.3 Examination Authority:		
Overall Grade (Class/Division) Points:		

14. Give details of further courses of study:	**Institution**	
1. Certificate training	Name of Award	(Grade attained: Dist. Credit, Pass):

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE **CERTIFICATE/DIPLOMA PROGRAMMES - Full Time**	**CERTIFICATE/ SHORT COURSE PROGRAMMES**
15. Certificate in Information & Communication Technology (Level I-III) ☐	1. Basic Computer Application Course ☐
16. Certificate in Business Operations Assistant (Level I-III) ☐	2. Computer Maintenance& Repairing ☐
17. Three Years Diploma in Accountancy ☐	3. Networking ☐
18. Three Years Diploma in Business Administration ☐	4. Web Designing ☐
19 Three Years Diploma in Information and Communication Technology ☐	5. Graphics Designing ☐
20. Two Years Diploma in Education Management and Administration ☐	6. Hotel Management ☐
21. Financial Sponsor	7. Database Management ☐
	8. Entrepreneurship ☐
	9. English Course ☐

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED BEFORE COURSE COMMENCEMENT TO THE ADMISSIONS OFFICE. All payments should be paid into Bank Account No. 0150355236200, CRDB, Account name: Landmark Institute of Education Science and Technology.

I undertake that if at any stage, it is found to the satisfaction of the Institute authority that the information given by me is false the Institute may cancel my registration and the entire amount of fee which I will have paid will not be refunded.

Signature of Applicant:		**Date:**	

FOR OFFICIAL USE ONLY

Registration Number	Certified Copies Registration fee Paid	Computer Reg. No. Commenced.....	Examination fee Paid End. .....

Name (Registrar)		Signature		Date	
Name (Principal)		Signature		Date	
Name (Institute Director)		Signature		Date	

DEPARTMENT STAMP

This is to acknowledge receipt of your application.