

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LIVESTOCK AND FISHERIES**



VETERINARY COUNCIL OF TANZANIA

**NOTICE FOR QUALIFYING EXAMINATION FOR ENROLMENT OF
VETERINARY PARAPROFESSIONALS TO BE HELD ON 20TH AND
21TH FEBRUARY 2019**

Pursuant to Section 5(2)(I) of The Veterinary Act (CAP 319); Regulation 7(2) of The Veterinary (Procedures for Registration Examinations for Veterinarians and Veterinary Specialist), 2005 and The Veterinary (Procedures for Registration Examinations for Veterinarians and Veterinary Specialist), (Amendment) Regulations, 2016, The Veterinary Council of Tanzania is notifying Veterinary Paraprofessionals who wish to be enrolled as Paraprofessionals, that the Qualifying Examination for Enrolment of Veterinary Paraprofessionals shall be held on 20th and 21th February 2019 at the following venues in Mainland Tanzania:

1. College of Veterinary Medicine and Biomedical Sciences (SUA), Morogoro;
2. Tanzania Veterinary Laboratory Agency, Temeke, DSM;
3. Livestock Training Institute (LITA) Mpwapwa;
4. Livestock Training Institute (LITA) Tengeru; and
5. Mwalimu Julius Nyerere, University of Agriculture and Technology Butiama, Musoma.

Candidates applying for qualifying examination must have a Diploma in Animal Health and Production offered by training institutions accredited by The National Accreditation Council for Technical Education (NACTE) and recognized by the Veterinary Council of Tanzania.

Candidates must fill application forms, pay an examination fee of 25,000/- as per Veterinary Council (Fees and charges), Regulations, 2015 and submit to the address below.

Examination fees must be paid two weeks before the dates of the examination to the Registrar, Veterinary Council of Tanzania, NMB Bank Account No. 20101100224. The Bank payment slip together with the application form and copy of candidate's diploma certificate must be submitted to this address.

Registrar
Veterinary Council of Tanzania.
NBC Building,
Nyerere Road,
P.O Box 2870.
40487 Dodoma.
Email: bedan.masuruli@mifugo.go.tz

The application form is attached and must be filled by the would be candidate.



Dr B. Masuruli

REGISTRAR

02, January, 2019

APPLICATION FORM FOR QUALIFYING EXAMINATION

Attach your signed

Stamped passport

Photograph here.

SECTION A: PERSONAL DATA

Surname _____ Middle name _____ Other names _____

Marital status _____

Place of birth _____ Birth date _____

Gender: Male _____ Female _____

Address _____

Phone: _____ Fax: _____ e-mail _____

Centre preferred for the examination _____

SECTION B: ACADEMIC QUALIFICATIONS

Diploma _____

Institution: _____

Date: _____

SECTION C: APPLICANTS STATUTORY DECLARATIONS

I _____ do hereby declare on this _____ day
of _____ that I am the person who is applying for qualifying examination as a Paraprofessional and I am
holding the above qualifications and that the information I have given is true and correct to the best of my
knowledge and belief.

Signature _____ Date _____