

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

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Veterinary Council of Tanzania.
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Nyerere Road.
P.O Box. 2870.
40487 DODOMA.

In reply please quote:

Ref. No. PA.77/422/01/156

5th January, 2021

All Veterinary graduates
Academic year 2019/2020

REF: PLACEMENT FOR INTERNSHIP FOR VETERINARIANS

The above heading refers.

2. Pursuant to Regulation 5 of the Veterinary (Internship for Veterinarians) Regulations, 2020 GN. No. 725, all graduating veterinarians are supposed to undertake an internship for a period of one year by working under supervision of experienced professionals or veterinary specialists in designated veterinary establishments before registration.

3. The Veterinary Council of Tanzania has secured (29) placement as follows; (16) placement at LITA (Tengeru 5; Mpwapwa 2; Morogoro 3; Madaba 1; Buhuri 2; Temeke 2; and Kilkulula 1); Three (3) placements at MBWA WA AFRICA-Arusha; Two (2) placements at VETCARE clinic –DSM; and Eight (8) placements at FARMERS CENTRE DSM.

4. As part of fulfillment of the internship, graduates are advised to apply to LITA using email (piusmwambene@gmail.com) for immediate placement and a copy to bedan.masuruli@mifugo.go.tz. For other placements please apply to bedan.masuruli@mifugo.go.tz

5. Deadline for application for Mbwa wa Africa is 10th January, 2021 and please use application form attached.

**Dr B.Masuruli
REGISTRAR**

**APPLICATION FORM FOR RECOGNITION AS A VETERINARY INTERN AND
INTERNSHIP PLACEMENT**

(Made under regulation 6 of internship regulations)

Attach your
signed, stamped
passport photograph
here

Please read the instructions carefully before filing the application form.

- 1. Section A: Personal data.*
- 2. Section B: Academic Qualifications*
- 3. Section C: To be signed in the presence of a commissioner for Oaths i.e.
Advocate/Magistrate or notary Public.*
- 4. Section D: For official use only.*

SECTION A: PERSONAL DATA

(All applicants are to complete this section)

Surname _____ Middle name _____ Other names _____		
Home address _____ _____		
District of Birth _____	Birth date _____	Nationality _____
Male _____	Female _____	
Present Address _____ _____		
Phone _____	Fax _____	E-mail _____
Next of kin or nearest contact person _____		
Name _____		
Address _____ _____		
Phone _____	Fax _____	E-mail _____

SECTION B: ACADEMIC QUALIFICATIONS/ OTHERS

Degree (s):	Institutions	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Names and Address of Referees:

1. _____

2. _____
