

(Regulation 11(1)(f))

INVENTORY OF PHYSICAL FACILITIES

Important Notice:

- (a) This form must be filled by applicant holding provisional Licence and is wishing to apply for Accreditation
- (b) The form must be read together with University Qualifications Framework (UQF) and guidelines issued by the Commission from time to time including Minimum Guidelines and Norms for Governance Units, Minimum Guidelines for Humanization of Awards offered in Tanzania and Minimum Guidelines for Employment, Staff Performance Review and Career Development.

PART I
INSTITUTIONAL PARTICULARS

1. Name of the Institution
.....
2. Category of the Institution (university/college/institute/centre/directorate /others (*please specify*)).....
3. Type of the institution (public/private/Public Private Partnership (PPP)).....
4. Particulars of the institution:-
 - (a) Physical address of the institution:
 - (b) Postal address of the institution:
 - (c) Postal Code:
 - (d) Telephone Numbers:
 - (e) Mobile Number:
 - (f) Fax Number:
.....
 - (g) Email Address:
 - (h) Website:
.....

PART II
PARTICULARS OF LAND AVAILABLE FOR USE BY THE INSTITUTION

S/N	Item	Total Hectares	Amount utilized	Amount available for future expansion	Planned acquisition (<i>attach evidence</i>)	Remarks
	(a) The amount of land owned by the institution (<i>attach evidence of land ownership</i>).					
	(b) If the land is leased or rented, provide a copy of the agreement					
	(c) Land for future expansion for the institution (<i>attach evidence</i>)					

**PART III
FACILITIES IN ACCORDANCE WITH APPROVED STANDARDS**

Item	Required Units	Available Units	Shortfall	Planned development within three years (<i>attach evidence</i>)	Remarks
(a) Physical Facilities as per approved check list (<i>attach the completed check-list</i>)					
(b) Laboratory facilities, if applicable, as per approved check list (<i>attach the completed check-list</i>)					
(c) Workshops, if applicable, as per approved check list (<i>attach the completed check-list</i>)					
(d) Teaching Clinics (veterinary and/or medical), if applicable, as per approved check list (<i>attach the completed check-list</i>)					
(e) Staff offices as per approved check list (<i>attach the completed check-list</i>)					
(f) Functional facilities (i.e. conference hall, common rooms etc), where applicable, as per approved check list (<i>attach the completed check-list</i>)					
(g) Students' accommodation and related facilities as per approved check list (<i>attach the completed check-list</i>)					
(h) Health and sanitation facilities as per approved check list (<i>attach the completed check-list</i>)					
(i) ICT infrastructure as per approved check list (<i>attach the completed check-list</i>)					
(j) Library resources as per approved check list (<i>attach the completed check-list</i>)					
(k) Facilities for persons with special needs as per approved check list (<i>attach the completed check-list</i>)					
(l) Facilities for public safety and security as per approved check list (<i>attach the completed check-list</i>)					

**PART IV
DECLARATION**

I declare that the information provided above is true to the best of my own knowledge

Name:

Title:

Signature:

Date/.....20.....

Official Stamp or Seal