

THE UNITED REPUBLIC OF TANZANIA  
**TANZANIA COMMUNICATIONS REGULATORY AUTHORITY**  
ISO 9001:2015 CERTIFIED



**PUBLIC NOTICE**

**VACANCY AT THE PAN AFRICAN POSTAL UNION (PAPU)  
GENERAL SECRETARIAT - DUTY STATION, ARUSHA**

THE United Republic of Tanzania (URT) is a member of the Pan African Postal Union (PAPU). On behalf of the URT, Tanzania Communications Regulatory Authority (TCRA) wishes to inform the public that PAPU invites applications from suitably qualified Tanzanians for the following post available at the (PAPU) Headquarters in Arusha, Tanzania under 28th Ordinary Administrative Council, under Resolution No. 01/PAPU/AC/XXVIII/2009, paragraph VII as follows:

<b>TITLE OF POST</b>		<b>"Finance and Accounts Officer"</b>
<b>Grade</b>	<b>P1/1</b>	
<b>Duty Station</b>	Arusha (Tanzania)	
<b>Service or Administrative Unit</b>	Administration and Finance Department	
<b>Projected Date of Entry into Service</b>	1 <sup>st</sup> March 2026	
<b>Date of Publication of Notice</b>	6 <sup>th</sup> January 2026	
<b>Deadline for Receipt of Applications</b>	30 <sup>th</sup> January 2026	

Details on duties, responsibilities and qualifications may be accessed on the TCRA's website:  
<https://www.tcra.go.tz/documents/vacancies>

Issued on **17<sup>th</sup> January 2026**

Digitally Signed By JABIRI KUWE BAKARI  
Sat Jan 17 20:00:24 EAT 2026

**Dr. Jabiri K. Bakari**  
**DIRECTOR GENERAL**

Mawasiliano Towers, 20 Sam Nujoma Road, P.O Box 474, 14414 DAR ES SALAAM, TANZANIA.

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Photograph  
(Passport size)

**APPLICATION FOR THE P1/1 POST**  
**Finance and Accounts Officer**

**Annex 2**

<b>Postal Administration</b>				
Applicant's family name and First Name		Nationality	Date of Birth	
Current position in Postal Organization		Marital Status	Number of children	
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age (s) of children <sup>1</sup>	
<b>University Degrees or Diplomas</b>				
University or equivalent education Institution	Years of Study		University degrees or equivalent qualification	Area of Specialization
	From	To		
<b>Other Courses or Diplomas</b>				
Institution	Duration		Diplomas	Specialization
	From	To		
<b>Language Proficiency</b>				

~ 1 ~

French	English	Other Language	Other Language
Read <input type="checkbox"/> without average difficulty <input type="checkbox"/> with difficulty	Read <input type="checkbox"/> without average difficulty <input type="checkbox"/> with difficulty	Read <input type="checkbox"/> without average difficulty <input type="checkbox"/> with difficulty	Read <input type="checkbox"/> without average difficulty <input type="checkbox"/> with difficulty
Write <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Write <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Write <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Write <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty
Speak <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Speak <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Speak <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Speak <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty
Understand <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Understand <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Understand <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty	Understand <input type="checkbox"/> Without average Difficulty <input type="checkbox"/> with difficulty

#### Duties Performed in the Postal Organization and in Other Organizations

Beginning with your present position, indicate in reverse chronological order all the positions that you have held, making sure to specify any important experience that would be useful for appraising your employment record. Use a separate line for each position held, include additional sheets if necessary

Dates		Nature of your work
From	To	

#### Work Experience in the Field Considered <sup>2</sup>

The Postal Organization certifies the authenticity of the foregoing	Applicant
Place and Date of issue:	
Name of Director General or Chief Executive Officer:	Place
Signature	Signature

<sup>1</sup>Names and ages of dependent children

<sup>2</sup>Detailed CV to be included



**PAN AFRICAN POSTAL UNION  
MEDICAL EXAMINATION REPORT FORM**

DATE: ...../...../.....

**NAME/DR/MR/MRS/MISS:** .....

**DATE OF BIRTH:** ..... **SEX:** .....

**FAMILY MEDICAL HISTORY:** .....

**PERSONAL MEDICAL HISTORY:**

- (a) HEREDITARY OR CONGENITAL CONDITIONS .....
- (b) SERIOUS OR CHRONIC DISEASES .....
- (c) ACCIDENTS .....
- (d) SURGICAL OPERATON .....
- (e) HOSPITALIZATION .....
- (f) WEIGHT CHANGE IN PAST YEAR .....
- (g) SKIN INFECTIONS .....

**PRESENT CONDITION:**

**(1) GENERAL CONDITION** .....

HEIGHT ..... WEIGHT ..... SKIN .....

**(2) DIGESTIVE SYSTEM**

TEETH ..... TONGUE .....  
ABDOMEN .....  
LIVER ..... SPLEEN .....  
HERNIA ..... RECTAL EXAMINATION .....

**(3) CIRCULATORY SYSTEM**

PULSE ..... BLOOD PRESSURE .....

AUSCULTATION .....  
APEX BEAT ..... VESSELS .....

**(4) RESPIRATORY SYSTEMS**

NOSE ..... THROAT .....

CHEST .....

AUSCULTATION .....

**(5) AUDITORY SYSTEM**

EARS .....

HEARING	DRUMS
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RIGHT .....

LEFT ..... ~1~

Telephone Téléphone 255 27 2611440	Address/Adresse 13th Floor, PAPU Tower 282 Moshi Road, Philips Area Sekei Ward P.O Box 6026, Arusha 23190 United Republic of Tanzania	Website Site Web <a href="http://www.upap-papu.post">www.upap-papu.post</a>	E-mail Address Adresse E-mail <a href="mailto:sc@papu.co.tz">sc@papu.co.tz</a>
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## (6) VISION

EYES .....

ACUITY (CORRECTED) ..... (UNCORRECTED) .....

FIELDS ..... COLOUR .....

## (7) GENITOURINARY SYSTEM

GENITALIA ..... KIDNEYS .....

FOR WOMEN – L.M.P. ..... PARA .....

P.V. ..... BREASTS .....

PAP SMEAR IF POSSIBLE .....

## (8) LOCOMOTOR SYSTEM

LIMBS .....

GAIT ..... DEFORMITY .....

## (9) NERVOUS SYSTEM

TEMPERAMENT .....

MENTAL STATUS .....

CRANIAL NERVES .....

SUPERFICIAL REFLEXES .....

## (10) INVESTIGATION (PLEASE FORWARD ALL FILMS AND REPORTS)

CHEST X-RAY .....

ELECTROCARDIOGRAM .....

STOOL EXAMINATION .....

URINE ANALYSIS .....

BLOOD

HAEMORGRAM .....

SEROLOGY (KHAN/VORL) .....

BIOCHEMISTRY (LIVER/KIDNEY FUNCTION TESTS, URIC ACID, BLOOD SUGAR ETC)

.....  
HAEMOGLOBIN ELECTROPHORESIS .....

## (11) OTHERS AS INDICATED

.....  
.....  
.....

## (12) OPINION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT I HAVE EXAMINED  
 DR/MR/MRS/MISS ..... AND FOUND  
 HIM/HER TO BE MEDICALLY FIT/UNFIT FOR EMPLOYMENT HE/SHE IS ON/NOT ON TREATMENT (SPECIFY)

DATE ...../...../.....

OFFICIAL STAMP
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PHYSICIAN'S SIGNATURE .....

PHYSICIAN'S NAME .....

~ 2 ~

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