

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 general 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 Resolution No. 01/PAPU/AC/XXVIII/2009 as follows:

Post: "Translator/Interpreter (English/French)" P3

Title of Post	Translator / Interpreter (English / French)
Grade	P3
Duty Station	Arusha (Tanzania)
Service or Administrative Unit	PAPU Secretary General Office
Projected Date of Entry into Service	27 th October 2025
Date of Publication of Notice	28 th August 2025
Deadline for Receipt of Applications	15 th September 2025

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

Applications to be submitted to Email: vacancy@tcra.go.tz

Issued on **28th August 2025.**

Digitally Signed By JABIRI KUWE BAKARI
Thu Aug 28 21:12:08 EAT 2025

Dr. Jabiri K. Bakari
DIRECTOR GENERAL



Photograph
(Passport size)

**APPLICATION FOR THE P3 POST
Translator/Interpreter**

Annex

Postal Administration				
Applicant's family name and First Name		Nationality		Date of Birth
Current position in Postal Organization		Marital Status ¹		Number of children
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age (s) of children ²
University Degrees or Diplomas				
University or equivalent educational Institution	Years of Study		University degrees or equivalent qualifications	Area of Specialization
	From	To		
Other Courses or Diplomas				
Institution	Duration		Diplomas	Specialization
	From	To		

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Telephone
Téléphone
+255 27 2611440

Telefax
Téléfax

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
www.upap-papu.africa

E-mail Address
Adresse E-mail
sc@papu.co.tz

Language Proficiency

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

Duties Performed in the Postal Organization and/or 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 ³

The Postal Organization certifies the authenticity of the foregoing	Applicant Name:
Place and date of issue:	
Name of Certifying Officer:	Place and date
Signature & Stamp	Signature

¹Marriage certificate

²Names and ages of dependent children

³Detailed CV to be included

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Telefax
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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
www.upap-papu.africa

E-mail Address
Adresse E-mail
sc@papu.co.tz



PAN AFRICAN POSTAL UNION
MEDICAL EXAMINATION REPORT FORM

DATE: / /

NAME/DR/MR/MRS/MISS:

DATE OF BIRTH : GENDER :

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

(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)

 HAEMGLOBIN 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

PHYSICIAN'S SIGNATURE
PHYSICIAN'S NAME