

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 <sup>th</sup> October 2025
Date of Publication of Notice	28 <sup>th</sup> August 2025
Deadline for Receipt of Applications	15 <sup>th</sup> 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](mailto:vacancy@tcra.go.tz)

Issued on **28<sup>th</sup> 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**

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

~ 1 ~

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
<b>Read</b> <input type="checkbox"/> without difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Read</b> <input type="checkbox"/> without difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Read</b> <input type="checkbox"/> without difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Read</b> <input type="checkbox"/> without difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty
<b>Write</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Write</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Write</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Write</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty
<b>Speak</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Speak</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Speak</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Speak</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty
<b>Understand</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Understand</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Understand</b> <input type="checkbox"/> Without Difficulty <input type="checkbox"/> average <input type="checkbox"/> with difficulty	<b>Understand</b> <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 <sup>3</sup>

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

<sup>1</sup>Marriage certificate

<sup>2</sup>Names and ages of dependent children

<sup>3</sup>Detailed CV to be included





**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**

RIGHT .....

LEFT .....

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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)  
.....

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 .....

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