

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:

TITLE OF POST	"Finance and Accounts Officer"
Grade	P1/1
Duty Station	Arusha (Tanzania)
Service or Administrative Unit	Administration and Finance Department
Projected Date of Entry into Service	1 st March 2026
Date of Publication of Notice	6 th January 2026
Deadline for Receipt of Applications	30 th 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 **17th 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.
Phone: +255 22 2199760-9 / +255 22 2412011-2 / +255 784558270-1 Fax: +255 22 2412009-10
Email: barua@tcra.go.tz, dg@tcra.go.tz, Website: www.tcra.go.tz



Photograph
(Passport size)

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

Annex 2

Postal Administration				
Applicant's family name and First Name		Nationality		Date of Birth
Current position in Postal Organization		Marital Status		Number of children
		Sex ☐ Male ☐ Female		Age (s) of children ¹
University Degrees or Diplomas				
University or equivalent education Institution	Years of Study		University degrees or equivalent qualification	Area of Specialization
	From	To		
Other Courses or Diplomas				
Institution	Duration		Diplômas	Specialization
	From	To		

Language Proficiency

~ 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
www.upap-papu.post

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

French	English	Other Language	Other Language
Read ☐ without difficulty ☐ average ☐ with difficulty	Read ☐ without difficulty ☐ average ☐ with difficulty	Read ☐ without difficulty ☐ average ☐ with difficulty	Read ☐ without difficulty ☐ average ☐ with difficulty
Write ☐ Without Difficulty ☐ average ☐ with difficulty	Write ☐ Without Difficulty ☐ average ☐ with difficulty	Write ☐ Without Difficulty ☐ average ☐ with difficulty	Write ☐ Without Difficulty ☐ average ☐ with difficulty
Speak ☐ Without Difficulty ☐ average ☐ with difficulty	Speak ☐ Without Difficulty ☐ average ☐ with difficulty	Speak ☐ Without Difficulty ☐ average ☐ with difficulty	Speak ☐ Without Difficulty ☐ average ☐ with difficulty
Understand ☐ Without Difficulty ☐ average ☐ with difficulty	Understand ☐ Without Difficulty ☐ average ☐ with difficulty	Understand ☐ Without Difficulty ☐ average ☐ with difficulty	Understand ☐ Without Difficulty ☐ average ☐ 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 ²

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

¹Names and ages of dependent children

²Detailed 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 ~

- (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
 ~ 2 ~