



**KIGAMBONI CITY COLLEGE OF HEALTH
AND
ALLIED SCIENCES (KiCCoHAS)**

**P. O. Box 36515, Dar Es Salaam – Tanzania.
Cell: +255656734567, +255766500914,
+255625509740, +255783575257.**

Website: www.kiccohas.ac.tz
Email: admission@kiccohas.ac.tz

*Attach four (4)
recent passport
size photographs*

APPLICATION FORM FOR ADMISSION TO ORDINARY DIPLOMA PROGRAMMES

(Please read carefully the Instructions before filling in this application form)

INSTRUCTIONS:

1. The duly filled application form should be submitted to admission office before deadline 31st August
2. Attachments required are Copies of Birth Certificate/Affidavit and Certificate of Secondary Education or Result Slip, Academic Transcript
3. Applicants will be required to pay application fee Tsh.30,000/= (thirty thousand only) and submit Bank Pay –In – Slip (*should bear the name of applicant*).via

**NMB Bank Account Number: 20710022028
Account Name: Kigamboni City College of Health Sciences.**

PART 1: CHOICE OF PROGRAMMES

In the table below, CHOOSE the Diploma Program you would like to study by indicating your preference by using a tick (✓)

N O	Type of course	Entry Requirements	Indicate preference
1.	Ordinary Diploma in Clinical Medicine <i>(Three years)</i>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology and Chemistry.	
2	Ordinary Diploma in Pharmaceutical Sciences <i>(Three years)</i>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry.	
3	Ordinary Diploma in Medical Laboratory Sciences <i>(Three years)</i>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology and Chemistry.	

PROFESSIONALISM, COMPETENCE AND DISCIPLINE

COLLEGE REGISTRATION NUMBER: REG/HAS/168

PART 2: PERSONAL INFORMATION

First name	Middle name	Surname	Date of birth

Gender	Physical impairment if any	Email address

Nationality	Region	District
Name of Next of kin	His/her number	Relationship
Applicant phone number	Applicant address	Next of kin address

PART 3: EDUCATION. Certificate of Secondary Education Examination

	Form four index number (<i>i.e</i> S0459/0001/2017)	Year of completion
First sitting		
Other sitting if any		

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
Biology			History		
Chemistry			Geography		
Physics			Civics		
Mathematics			Kiswahili		
English					

Name of Primary School	
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PART 4: FINANCE

Indicate who will finance your studies if you will be selected to join the **KiCCoHAS**

Parents/Guardians	Telephone No.	E-mail	Job Title	Relationship

Sponsor Declaration: I have agreed to finance the above named applicant in his/her studies at KiCCoHAS and agreed to release funds for tuition fees and living expenses as and when required.
 Name Signed: Date ___/___/20.....

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PART 5: FEE STRUCTURE

Successful applicants will be required to pay Training fee as follows:

A: TUITION FEE AND OTHER PAYMENT DESCRIPTION

S/N	ITEM	AMOUNT IN (TSHS)	RESPONSIBLE
A	TUTION FEE	1,800,000/=	ALL

Other charges

1	IDENTITY card	10,000	ALL	Once at the begin of first semester
2	Students Union	10,000	ALL	Every year at the begin of the year
3	NACTE Quality Assurance and verification Fee	35,000	ALL	Every year at the begin of the first semester
4	Local Examination	200,000	ALL	Every year at the begin of the first semester
5	Caution Money	30,000	ALL	Once at the begin of first semester
6	Stationary	50,000	ALL	Every year at the begin of the first semester
7	Registration Fee	85,000	ALL	At the begin of first semester
8	Medical Capitation (with no NHIF)	60,000	All students	At begin of first semester
TOTAL		480,000/=		

Training fee can be paid in installment basis as follows

B: PAYMENT MODE IN INSTALLMENTS

PAYMENT SUMMARY		
FIRST SEMESTER	AMOUNT	PERIOD
First instalment	650,000/=	At the begin of 1 st semester
Second instalment	490,000/=	Two months after begin of 1 st semester
SUBTOTAL	1,140,000/	
SECOND SEMESTER		
Third instalment	650,000/=	At the begin of 2 nd semester
Fourth instalment	490,000/=	Two months after begin of 2 nd semester
SUB TOTAL	1,140,000/=	
TOTAL	2,280,000/=	

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C: OTHER PAYMENTS DEPENDS WITH YOUR COURSE/PROGRAM AND YEAR OF STUDY

Clinical Rotation (clinical medicine & medical laboratory)	200,000/	All students with clinical rotations	Every semester with clinical rotations shall be paid one month before commencement of rotations
Pharmacy Practice/Community Field	100,000/	All students with field	Every year at the begin of the semester with Field
Supplementary/Special Examination	50,000/	Per module	After declaration of end of semester one results
Appeal	30,000/	Per module	Within 14 days after declaration of results

D: NATIONAL EXAMINATION FEE.

National Examination fee	150,000/=(subject to change depend with directive from NACTE)	ALL	At the begin of Every Second Semester
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NB: PAYMENTS FOR NATIONAL EXAMINATIONS FEE SHALL BE PAID IN MoHCDGE

PART 6: ACCOMMODATION

Students will be provided with accommodation for FREE but you will be required to sign an accommodation tenant agreement form /contract before allocated to the room. In a room you will find a bed, mattress and key.

PLEASE TAKE NOTE;

1. ALL MONIES PAID ARE NON –REFUNDABLE; Make proper decisions before payments.
2. This fee structure is annual; hence the management reserves the right to change the fees structure at the end of each academic year.

PART 7: MODE OF PAYMENTS

All first installment payments shall be paid directly to our bank Account, at any branch of NMB BANK PLC,

Account Name: **KIGAMBONI CITY COLLEGE OF HEALTH SCIENCES,**

Account Number: **20710022028**

The following installment (2nd, 3rd 4th) shall be paid by **using control number/reference number** generated from our **Academic Management Information System (AMIS)** available at our website www.kiccohas.ac.tz

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PART 8: DECLARATION

I..... (Name of Applicant), do hereby declare that all information given in this form is correct to the best of my knowledge.

Signature of Applicant..... Date.....

FOR OFFICE USE ONLY

Application form has been received by the Admissions Office, KiCCoHAS.

Name of Officer.....

Signature: Date:

Decision by the Admissions Committee:
.....
.....

Decision by the National Council for Technical Education (NACTE)
.....
.....

NOTE: ALL DULLY FILLED APLICATION FORMS SHOULD BE SUBMITTED TO ADMISSION OFFICE BEFORE 31ST August 2020 via EMAIL admission@kiccohas.ac.tz

OR WhatsApp number +255783575257 a dully filled application form with its attachments (birth certificate and form four certificate/result slip and APPLICATION FEE PAY IN SLIP) in **ONE PDF FILE** can be submitted.

*ALSO APPLICATION CAN BE DONE DIRECT TO KiCCoHAS ADMISSION OFFICE
DAR ES SALAAM → KIGAMBONI → MWEMBE MDOGO*

Principal/Admission Officer,
Kigamboni City College of Health and Allied Sciences
P. O. Box 36515,
Kigamboni, Tanzania.
Email: admission@kiccohas.ac.tz Website: www.kiccohas.ac.tz

Welcome to **KiCCoHAS**

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