

# KIGAMBONI CITY COLLEGE

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STREET NAME: Amani Ngovu  
WARD: Somangira, Kigamboni  
P.O.BOX 36515 – Dar es salaam.

*Professionalism, Competence, Discipline*

## ADMISSION LETTER

TO: .....

P.O.BOX: .....

### RE: ADMISSION FOR ACCADEMIC YEAR 2024/2025

I am glad to inform you that you have been selected for admission to this College where you will pursue a three years to undertake Ordinary Diploma in

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I, congratulate you for meeting academic requirement for admission. You will be required to fulfill other requirement in order to be eligible for registration as a student of this College.

The program period is from **October 2024** to **October 2027**

Please read carefully the attached joining instructions and prepare well for complying with the instructions.

We look forward to receiving you.

**WELCOME!**

### Signature and Stamp

Full Name of the Authority: .....

Position of the Authority: .....

Date ...../ ...../ 2024

**Admission office**

Pharmaceutical Sciences, Clinical medicine, Medical Laboratory,  
Nursing and Midwifery, Physiotherapy,  
Dentistry, Radiography, Social Work and  
Community Development