KIGAMBONI CITY COLLEGE

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PLOT NO. 36, BLOCK D
STREET NAME: Amani Ngovu
WARD: Somangira, Kigamboni
P.O.BOX 36515 - Dar es salaam.

Professionalism. Competence. Discipline

Attach 4 Recent Passportsize

APPLICATIONFORMFORADMISSIONTOORDINARYDIPLOMA
(Please readcarefullythe Instructionsbefore fillinginthisapplication form)

PART1:CHOICEOFPROGRAMMES
Inthetablebelow, CHOOSEthecourseyouwouldliketostudybyindicatingyourpreferencebyusingatick(√)

S/N	Courseoffered OrdinaryDiploma in	EntryRequirements	Indicate preference
1.	Clinical Medicine ***(Threeyears)***	Holders of Certificate of Secondary Education Examination(CSEE)withfour(4)Passesinnon-religious subjectsincluding"D"PassesinPhysics,Biologyand Chemistry.	
2.	Pharmaceutical Sciences ***(Three years)***	Holders of Certificate of Secondary Education Examination(CSEE) with D grade in Chemistry, Biology, Physics, Basic Mathematics and English Language	
3.	MedicalLaboratory Sciences ***(Threeyears)***	Holders of Certificate of Secondary Education Examination (CSEE) with four (4)Passesinnon-religious subjects including "D" Passes in Physics, Biology, Chemistry and English.	
4.	Nursing and Midwifery **(Threeyears)**	Holders of Certificate of Secondary Education Examination(CSEE)withfour(4)Passes in non-religious Subjects including "C" Passes in Physics,Biology and Chemistry.	
5.	OrdinaryDiploma in Physiotherapy **(Three years)**	Holders of Certificate of Secondary Education Examination (CSEE) with AtLeast four (4) Passes in non-religious Subjects including "C" in Biology, Chemistry and Physics/Engineering Sciences.	
6.	OrdinaryDiploma in Clinical Dentistry **(Threeyears)**	Holders of Certificate of Secondary Education Examination (CSEE) with at least four (4) passes in non-Religious subjects including Chemistry,Biology and Physics/Engineering Sciences	
7.	OrdinaryDiploma in Radiography **(Three years)**	Holders of Certificate of Secondary Education Examination(CSEE) with D grade in Chemistry, Biology, Physics, Basic Mathematics and English Language	
8.	SocialWork ***(Threeyears)***	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	
9.	Community Development ***(Threeyears)***	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	

PART2:PERSONALINFORMATION

First Name	Middle Name	Surname	DateofBirth

Gender	StudentPhone Number	StudentEmailaddress
MaritalStatus	**PhysicaldisabilityifAny**	**PostalAddress**
Parent/CloseRelativeName	**Parent/CloseRelativePhone Number**	**Relationship**
Nationality	**Region**	**District**

PART3:EDUCATION BACKGROUND

	FormFOURIndex Numberi.e. (*S0349-0005-2019ORP0346-0001-2021*)	CompletionYear
FirstSit		
SecondSitifAny		
Third SitifAny		
NameofPrimarySchool		

FORUPGRADINGNTA5 AND6

CompletedCourse	NameoftheCollege	Registration Number	Year

Subject	Grade	Year	Subject	Grade	Year
Biology			History		
Chemistry			Kiswahili		
Physics			Civics		
Mathematics			Geography		
English					

PART4: FEE STRUCTURE

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

A:**TUITIONFEEANDOTHERPAYMENTDESCRIPTION**

ITEM	AMOUNTIN(TSHS)	OTHER CHARGES	TOTAL
PHARMACEUTICALSCIENCE, CLINICAL MEDICINE, NURSING&MIDWIFFERY, PHYSIOTHERAPY, CLINICAL DENTISTRY,RADIOGRAPHY,	**1,800,000/=**	**480,000/=**	**2,280,000**
MEDICAL LABORATORY	**1,500,000/=**	**480,000/=**	**1,980,000**
SOCIAL WORK AND COMMUNITYDEVELOPMENT	**700,000/=**	**300,000/=**	**1,000,000**

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

Supplementary	**50,000/=**	Per module	After declaration of END OF SEMESTER 1 & 2 RESULTS
Special Examination	**50,000/=**	Per module	For Incomplete & Failed CA within a SEMESTER
Appeal	**50,000/=**	Per module	Within 14 days After declaration of END OF SEMESTER 1 & 2 RESULTS
Medical Capitation (with no NHIF)	**50,000/=**	All students	Every year at the begin of semester 1 Paid to NHIF Via Conrol Number
Graduation	**50,000/=**	Finalists	After Completion of Studies

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……

PART6:STUDENTDECLARATION

I.....(NameofApplicant),dohereby declare that all information given in this form is correct to the best of my knowledge.

SignatureofApplicant.....Date.....

INSTRUCTIONS:Thedulyfilledapplicationformshouldbesubmittedtoadmissionoffice direct also via WhatsApp or online application before deadline 30th August

Attachments required are Copies of Birth Certificate/ (Affidavit) and Certificate of Secondary Education or Result Slip, Academic Transcript

Applicants are required to pay application fee **20000/=** and submit Bank Pay –In – Slip (should bear the name of applicant). Via **CRDB Bank Account Number**: **0150467246500 or NMB: 20710022028 Account Name: Kigamboni City College.**

WhatsApp number 0655037363, 0672454647

KiCCoHASADMISSIONOFFICE DARESSALAAM➔KIGAMBONI➔MWEMBE MDOGO
Principal/AdmissionOfficer,

Email:admission@kiccohas.ac.tz or kigambonicitycollege@yahoo.com Website:www.kiccohas.ac.tz

Welcome to KiCCoHAS