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## APPLICATION FORM FOR ADMISSION TO ORDINARY DIPLOMA PROGRAMMES FOR THE SEPTEMBER INTAKE ACADEMIC YEAR 2022/2023.

(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 15<sup>th</sup> August 2022.
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 **CRDB Bank**  
**Account Number: 0150467246600**  
**Account Name: City College of Health And Allied 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 <b>(Three years)</b>	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 <b>(Three years)</b>	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 <b>(Three years)</b>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology and Chemistry.	

### **IF YOU ARE APPLYING AS AN UPGRADE STUDENT, SPECIFY IN WHICH COLLEGE YOU STUDIED YOUR NTA LEVEL 4 OR 5 STUDIES.**

COLLEGE/ UNIVERSITY NAME: .....

ACADEMIC YEAR: FROM: ..... TO: .....

COURSE STUDIED: .....

NTA LEVEL: .....

AWARDED/GPA: .....

NTA LEVEL 4 OR 5 NACTE REGISTRATION NUMBER: .....

*EDUCATION, EXCELENCY, EMPLOYMENT*

COLLEGE REGISTRATION NUMBER: REG/HAS/139

**PART 2: PERSONAL INFORMATION**

First name	Middle name	Surname	Date of birth

Gender	Physical impairment if any	Email address

Nationality	Region	District
Name of Close Relative	His/her number	Relationship
Applicant phone number	Applicant address	Close relative 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					

**PART 4: FINANCE**

Indicate How You Will Finance Your Studies If You Will Be Selected To Join The **CCoHAS**.

Parent  Guardian  Employer  Loan  Saving

Name of 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 CCoHAS and agreed to release funds for tuition fees and living expenses as and when required.

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART 5: FEE STRUCTURE.**

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

**A: TUITION FEE AND OTHER PAYMENT DESCRIPTION**

S/N	ITEM	AMOUNT IN (TSHS)	RESPONSIBLE
1	TUITION FEE	<b>1,900,000/=</b>	Clinical medicine, medical laboratory and Pharmaceutical Sciences

**Other charges**

1	IDENTITY Card	10,000	ALL	Once At The Begin Of The First Semester
2	Students Union	10,000	ALL	Every Year At The Begin Of The Year
3	NACTE Quality Assurance Fee	15,000	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	40,000	ALL	Once At The Begin Of The First Semester
6	Stationary	60,000	ALL	Every Year At The Begin Of The First Semester
7	Registration Fee	85,000	ALL	At The Begin Of The First Semester
<b>TOTAL</b>		<b>420,000/=</b>		

Training fee can be paid in installment basis as follows

**B: PAYMENT MODE IN INSTALLMENTS**

PAYMENT SUMMARY		
FIRST SEMESTER	AMOUNT FOR CLINICAL MEDICINE, MEDICAL LABORATORY, PHARMACY AND SOCIAL WORK.	PERIOD
First installment	750,000/=	At The Begin Of The First Semester
Second installment	490,000/=	Two months after The Begin Of The First Semester
<b>SUBTOTAL</b>	<b>1,240,000/=</b>	
SECOND SEMESTER		
Third installment	650,000/=	At the begin of 2 <sup>nd</sup> semester
Fourth installment	430,000/=	Two months after begin of 2 <sup>nd</sup> semester
<b>SUB TOTAL</b>	<b>1,080,000/=</b>	
<b>TOTAL</b>	<b>2,320,000/=</b>	

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

<b>Clinical Rotation for Clinical Medicine &amp; Medical Laboratory</b>	<b>200,000/=</b>	All students with clinical rotations	Every semester with clinical rotations shall be paid one month before commencement of rotations
<b>Pharmacy Practice/Community Field</b>	<b>100,000/=</b>	All students with field	Every year at the begin of the semester with Field
<b>Supplementary/Special Examination</b>	<b>50,000/=</b>	All modules	After declaration of end of semester one results
<b>Appeal</b>	<b>50,000/=</b>	All modules	Within 14 days after declaration of Results
<b>Medical Capitation (with no NHIF)</b>	<b>60,000</b>	All students	At The Begin Of The First Semester

<b>National Examination fee</b>	<b>150,000/= (subject to change depend with directive from NACTE)</b>	<b>ALL</b>	<b>At the begin of Every Second Semester</b>
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**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 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.

**PAYMENT STRUCTURE/SCHEDULE.**

The Fees Are Payable In Full At The Beginning Of Each Academic Year Semester Or Four Installments At The Beginning Of Each Academic Semester And Mid Semester.

All Payments Should Be Made On Time At Every Start Of The Semesters For Those Who Are Paying In Two Semesters And Every End Of Two Months For Those Who Are Paying In Four Installments.

**Note:** No Student Will Be Allowed To Seat For Either Internal Or External Examination Even Accessing The College Services Before Completing His /Her Payments.

**PART 7: MODE OF PAYMENTS**

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

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**Account Name: CITY COLLEGE OF HEALTH AND ALLIED SCIENCES**

**Account Number: 0150467246600**

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

**Terms And Conditions.**

1. I Am Responsible For Familiarizing Myself With And Abiding By All College Student Policies, As Listed In The Admissions.
2. I Agree To Meet All Assessment And Examination Requirements As Stipulates By The College And As Per Curriculum.
3. I Agree To Abide By The Attendance Rules Of The College And Ensure That My Class Attendance Is Minimum Of 90% Throughout The Duration Of The Course. I Understand That If Classroom Attendance Is Not Maintained At The Minimum Level Then, After Three Warnings, I Can Be Excluded From Further Studies At The College And My Parents/Guardian; Sponsor Will Be Informed In Writing.
4. No Refunds Will Be Given For Any Payment Made.
5. In Agreeing To Abide By This Declaration I Undertake To Pay All Fees As They Become Due And To Meet Any Late Fees And Collection Charges.
6. I Agree To Meet My Financial Obligations To The College In Full And By The Due Date Provided To Me As Detailed In My Payment Plan. I Understand That I Will Not Be Permitted To Enroll, Sit For Exams Or Graduate If I Fail Do So.
7. I Hereby State That The Information I Have Provided To The College Is True And Factual And That No Information Which Would Have A Material Bearing On This Application Has Been Withheld. I Understand That The College Will Take Action If It Considers Appropriate If Subsequently It Is Found That Part Or All Of The Information Provided Is False.

**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 CCoHAS.

Name of Officer.....

Signature:.....Date:.....

Decision by the Admissions Committee:

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.....

Decision by National Council For Technical And Vocational Education And Training (NACTVET).....  
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ALL DULLY FILLED APPLICATION FORMS SHOULD BE SUBMITTED TO ADMISSION OFFICE BEFORE **15<sup>th</sup> August 2022** via **EMAIL [ccohasadmission@gmail.com](mailto:ccohasadmission@gmail.com)** OR Scan In One Pdf And Then Send Them Through WhatsApp By Using This No: 0688965492, If You Are Nearby Our College, You Can Deliver This Form Direct To Our College - **CCoHAS ADMISSION OFFICE DAR ES SALAAM, TEMEKE - MIKWAMBE.**

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