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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 2nd September 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.10,000/= (Ten 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 (✓)

No	Type Of Course	Entry Requirements	Indicate Preference
1.	Ordinary Diploma In Clinical Medicine (Three Years)	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 (Three Years)	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 (Three Years)	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: _____

EDUCATION, EXCELENCY, EMPLOYMENT

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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

COURSES OFFERED	TUITION FEE	OTHER CHARGES	CLINICAL ROTATION/FIELD	TOTAL
PHARMACEUTICAL SCIENCES	1,900,000/=	420,000/=	100,000/=	2,420,000/=
CLINICAL MEDICINE	1,900,000/=	420,000/=	300,000/=	2,620,000/=
MEDICAL LABORATORY	1,900,000/=	420,000/=	300,000/=	2,620,000/=

Training fee can be paid in installment basis as follows

B: PAYMENT MODE IN INSTALLMENTS

COURSES OFFERED	TOTAL PAYMENTS	FIRST INSTALLMENT (AT THE BEGIN OF ACADEMIC YEAR)	SECOND INSTALLMENT (BEFORE 30/12/2022)	THIRD INSTALLMENT (AT THE BEGIN OF SEMESTER TWO)	FOURTH INSTALLMENT (BEFORE 30/05/2023)
PHARMACEUTICAL SCIENCES	2,420,000/=	605,000/=	605,000/=	605,000/=	605,000/=
CLINICAL MEDICINE	2,620,000/=	655,000/=	655,000/=	655,000/=	655,000/=
MEDICAL LABORATORY	2,620,000/=	655,000/=	655,000/=	655,000/=	655,000/=

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

Supplementary/Special Examination	50,000/=	All Modules	After Declaration Of End Of Semester One And Two Results
Appeal	50,000/=	All Modules	Within 14 Days After Declaration Of Results
Medical Capitation (With No NHIF)	50,400/=	For Those Without Medical Insurance	At The Begin Of The First Semester
National Examination fee	150,000/= (as per directive from NACTVET and MoHCDGE)	ALL	At The Begin Of Every Second Semester

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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 But You Will Have To Buy Mattress And Other Small Stuffs Eg: Bucket, Mosquito Net, Bed sheets Etc.

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.

Account Name: CITY COLLEGE OF HEALTH AND ALLIED SCIENCES

Account Number: 0150467246600

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.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.

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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 **2nd September 2022** via EMAIL 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.*