



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

**P. O. Box 36515, Dar Es Salaam – Tanzania.
Cell: +255672454647, +255768766766,
+255766500914, +255656734567.**

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 direct or via online application before deadline 15th 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

CRDB Bank Account Number: 0150467246500 or NMB: 20710022028

Account Name: Kigamboni City College.

PART 1: CHOICE OF PROGRAMMES

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

S/N	Type of course	Entry Requirements	Indicate preference
	Ordinary Diploma in		
1.	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.	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.	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.	
4.	Nursing and Midwifery (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.	
5.	Social Work (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	
6.	Community Development (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	

PROFESSIONALISM, COMPETENCE AND DISCIPLINE AC 2023/2024

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 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> S04959/0001/2017)	Year of completion
First sitting		
Other sitting if any		

FOR UPGRADING ONLY (NTA LEVEL 5 AND 6).

COMPLETED COURSE	COLLEGE	REGISTRATION NUMBER	Year of completion

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 _____

PART 5: FEE STRUCTURE

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

A: TUITION FEE AND OTHER PAYMENT DESCRIPTION

ITEM	AMOUNT IN (TSHS)	OTHER CHARGES	TOTAL
HEALTH COURSES	1,800,000/=	480,000/=	2,280,000
SOCIAL WORK AND COMMUNITY DEVELOPMENT	1,000,000/=	480,000/=	1,480,000

Other charges Payment Description

	FIRST YEAR	SECOND YEAR	THIRD YEAR
IDENTITY card	10,000	0	0
Students Union	10,000	10,000	10,000
Quality Assurance and verification Fee	35,000	35,000	35,000
Local Examination	230,000	230,000	230,000
Caution/maintenance fee	115,000	175,000	175,000
Stationary	80,000	30,000	30,000
TOTAL	480000	480,000	480,000

B: PAYMENT MODE IN INSTALLMENTS

PAYMENT SUMMARY			
FIRST SEMESTER	AMOUNT FOR CLINICAL MEDICINE, MEDICAL LABORATORY & PHARMACY	PERIOD	SOCIAL WORK AND COMMUNITY DEVELOPMENT
First instalment	650,000/=	At the begin of 1 st semester	370,000/=
Second instalment	490,000/=	Two months after begin of 1 st semester	370,000/=
SUBTOTAL	1,140,000/		740,000/=
SECOND SEMESTER			
Third instalment	650,000/=	At the begin of 2 nd semester	370,000/=
Fourth instalment	490,000/=	Two months after begin of 2 nd semester	370,000/=
SUB TOTAL	1,140,000/=		740,000/=
TOTAL	2,280,000/=		1,480,000/=

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

Clinical Rotation for Clinical Medicine, Nursing and Midwifery & Medical Laboratory, Pharmacy Practice Field	200,000/=	All students with clinical rotations/ Field	Every semester with clinical rotations/field
Supplementary/Special Examination	50,000/=	Per module	After declaration of END OF SEMESTER 1 & 2 RESULTS
Appeal	50,000/=	Per module	Within 14 days after declaration of Results
Medical Capitation (with no NHIF)	50,400/=	All students	Every year at the begin of semester 1
Graduation	70,000/=	Finalists	After final Results

D: NATIONAL EXAMINATION FEE.

National Examination fee	150,000/= (As per directive from NACTEVET and MoH)	ALL	Before 15 January
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NB: PAYMENTS FOR NATIONAL EXAMINATIONS FEE SHALL BE PAID BY USING REFERENCE NUMBER FROM COLLEGE SYSTEM (AMIS)

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 e.g., Bucket, mosquito net, bedsheet e.t.c

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 CRDB or NMB BANK, Account Name: **KIGAMBONI CITY COLLEGE,**

CRDB Account Number: 0150467246500, NMB: 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

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:

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Decision by the National Council for Technical Education (NACTE)

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NOTE: APPLICATION SHOULD BE DONE THROUGH ONLINE APPLICATION

www.kiccohas.ac.tz

OR DULLY FILLED APPLICATION FORMS CAN BE SUBMITTED DIRECT TO COLLEGE ADMISSION OFFICE OR **via EMAIL** admission@kiccohas.ac.tz

WHATSAPP 0766500914, 0656734567 OR 0672454647

❖ DEADLINE FOR APPLICATION IS 15th August

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

PROFESSIONALISM, COMPETENCE AND DISCIPLINE AC 2023/2024

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