



City College of Health and Allied Sciences

CCoHAS

Education. Excellence. Employment



P.O.Box 90372 Dar es Salaam

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APPLICATION FORM FOR ADMISSION TO ORDINARY DIPLOMA PROGRAMS FOR THE SEPTEMBER INTAKE ACADEMIC YEAR 2020/2021.

(Please Read Carefully The Instructions Before Filling In This Application Form)

PART 1: CHOICE OF PROGRAMS.

In The Table Below, CHOOSE The Program You Would Like To Study By Indicating Your Preference By Using A Tick (√)

Attach recent Passport size

No.	Program Name	Program Duration (Yrs)	Entry Requirements	Put A Tick
1.	ORDINARY DIPLOMA IN CLINICAL MEDICINE.	3	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. A pass in Basic Mathematics and English Language is an added advantage.	
2.	ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES	3	Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) passes in non-religious subjects including Chemistry and Biology.	
3.	ORDINARY DIPLOMA IN MEDICAL LABORATORY	3	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. A pass in Basic Mathematics and English Language is an added advantage.	

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:

PART 2: PERSONAL INFORMATION.

First Name	Middle Name	Surname	Date Of Birth

Gender	Physical Impairment If Any	Email Address

Nationality	Region	District
Name Of Next Of Kin	His/her Number	Relationship
Applicant Phone Number	Applicant Address	Next Of Kin Address

PART 3: EDUCATION - CERTIFICATE OF SECONDARY EDUCATION EXAMINATION.

	Form Four Index Number	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	
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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 Sponsor		Job Title	
Telephone No.		E-Mail	

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: _____ Signature: _____ Date: _____

PART 5: REFERENCES.

Please Provide The Names Of Two Referees; At Least One Should Be An Academic Referee Who Has Knowledge Of Your Academic Ability.

S/N	Referee Name	Address	Telephone
1			
2			
3			

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.

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.

Mode Of Submission.

One Filled Copy Of This Form Together With Copies Of Certified School Certificates, Birth Certificate and bank slip that shows you have paid for admission fee Should Be Sent To:

**Registrar's office,
P.O. Box 90372,**

Dar Es Salaam, Tanzania 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.

Non-Refundable Application Fee Of **30,000/=** Should Paid Through The Bank And Submit The Pay-In- Slip, Account number **20710022027** Name of account **CITY COLLEGE OF HEALTH AND ALLIED SCIENCES – NMB.**

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.

Student Declaration:

I Am Applying For Admission To **Ccohas**. I Understand That The Decision To Offer Me A Place Rests With The College, And The Decision Of The College Is Final. If I Am Offered And Accept A Place On The Program, I Agree To Abide The Rules And Regulations Of The College.

Name: _____ **Signature:** _____ **Date:** _____

Note:

The Information Given In This Form Will Be Used For Admission Purposes Only. Non- Disclosure Of Details Or Provision Of false Information To Any Of The Sections In This Form If Discovered Shall Render Your Registration With The City College Cancelled.

*******For Official Use Only *******

Application Form Has Been Received By The Admission Officer, City College Of Health And Allied Sciences.

Name Of Officer:..... Signature.....Date:

Decision By The Senate:

FOR ANY ENQUIRY AND ASISSTANCE CALL +255 688 965 492/656 902 793/758 841 843