

# KILIMANJARO INSTITUTE OF HEALTH SCIENCES

**ARUSHA**

BOX 11811 ARUSHA; Phone: 0734948757 | 689853348

www.kilimanjarouniversity.ac.tz

kihsarusha@gmail.com



NACTER Reg. No. REG/HAS/247

## APPLICATION FOR ORDINARY DIPLOMA PROGRAM

<b>1. PERSONAL INFORMATION</b>		<b>5. Name of primary school</b>	
Last name:		Citizenship.....	
First Name and Middle Name(s) –Do not use Initials		Marital Status: .....	
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/>		<b>6. HOMETOWN</b> Where do you Consider your hometown to be if different from your corresponding address?	
Female <input type="checkbox"/>			
Place of Birth(Country, City)		Box Number	Town
<b>First Languages</b>		<b>Emergency Contact</b>	
<b>Other languages</b>		Name:	
		Relationship	
		PhoneNo:	
		OtherPhoneNo:	
<b>Correspondence Address</b>		<b>7. TYPE OF APPLICATION</b>	
Box Number		<b>ORDINARY DIPLOMA-3YearsProgram</b> <input type="checkbox"/>	
Region		<b>UPGRADING DIPLOMA-1Yearprogram</b> <input type="checkbox"/>	
Country	Postal Code	<b>CONDITIONS</b>	
Cellphone Number	Other Number:	<b>1. ORDINARY DIPLOMA IN CLINICAL MEDICINE</b>	
E-mail Address for communication with you		Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology, Physics/Engineering Sciences,	
<b>2. APPLICATION DETAILS</b>		<b>2. ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES</b>	
Date Month Year		Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology.	
Starting date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>3. PUT (✓) ON WHICH INTAKE YOU PREFER</b>			
MARCH/APRIL <input type="checkbox"/>			
SEPTEMBER <input type="checkbox"/>			
<b>4. FORM IV INDEX NO</b>			
.....			

### 6. QUALIFICATION

Certificate of Secondary Education Examination (CSEE)					
Subject	Grade	Date(Mnth/yr)	Subject	Grade	Date(Mnth/yr)
Physics		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Biology		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chemistry		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Geography		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mathematics		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	English		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Advanced Certificate of Secondary Education Examination(ACSEE)-if applicable					
Subject	Grade	Date(Mnth/yr)	Subject	Grade	Date(Mnth/yr)

Other qualification e.g. NVA3				
School/Institution	Location	From		Name of award (cet/Dipl)
		Date(Mnth/yr)	Date(Mnth/yr)	

Have you ever been required to withdraw from any academic program?  Yes  No

If yes, state date, reason, and name of school/institution.....

**8. SPONSORSHIP DECLARATION**

Your sponsor should commit in the space provided below or in a letter for payment of your fees and other costs including study tours and Industrial Practical Training. Give full name and address. I.....  
 .....of..... (Postal address) declare to sponsor.....

.....(Name of applicant) to study at KILIMANJARO INSTITUTE OF HEALTH SCIENCES ARUSHA

And that I will pay all fees in time as required including costs for Field Excursions and Rotation/Practical Training.  
 My phone number is ..... and email address: ..... OCCUPATION.....

Sponsor's signature:..... Date:.....

**8. APPLICANT'S DECLARATION**

I agree, if admitted to **KILIMANJARO INSTITUTE OF HEALTH SCIENCES-ARUSHA**, to comply with college regulations. I certify that the information in this application is true and complete in all respects and that I have withheld no information. I authorize the college to verify any information provided as part of this application AND Use my legal graphics/images/charts/social media/ photography's and others for promoting the College and sister Colleges.

Applicant's Full Name:.....

Applicant's Full Signature: ..... Date of Application.....

**Application Deadline: 23<sup>rd</sup> SEPT, 2023**  
**The Applicant should pay non-refundable Tshs. 30,000/=** application fee for Tanzanian and **20USD** for foreign applicants using the following account: **24210029131 - Kilimanjaro Institute of Health Sciences - NMB BANK**  
 The name of the applicant should be as it appears in the application form. Return your duly filled application form with supporting documents (see application check list) to:

**The Principal,**  
**KILIMANJARO INSTITUTE OF HEALTH SCIENCES-ARUSHA**  
**BOX 11811 - ARUSHA, TANZANIA**  
**Application Checklist**

- You should include the following when sending your application:
1. Duly filled application form
  2. Copy of certified Certificate of Secondary Education Examination (CSEE)
  3. Copy of other qualification(s) e.g. ACSEE, Diploma-if any
  4. Copy of birth certificate
  5. Original Pay-in slip for application fee

**NOTE:**  
 The names of listed applicants will be uploaded on our website and also at **KILIMANJARO INSTITUTE OF HEALTH SCIENCES** noticeboard on 23<sup>rd</sup> September, 2023.

Note: This application form is available at **KILIMANJARO INSTITUTE OF HEALTH SCIENCES-ARUSHA**

Or you can directly download from our Website: [www.kilimanjarouniversity.ac.tz](http://www.kilimanjarouniversity.ac.tz)

## COLLEGE FEE STRUCTURE FOR 2023/2024

All payments of COLLEGE fee shall be paid directly to College bank Account, at any branch of NMB Bank.

NMB Account Number: **24210029131**

Name: **KILIMANJARO INSTITUTE OF HEALTH SCIENCES**

Bring the bank pay in slips to the college WHEN arriving at the college.

### TUITION FEE AND OTHER PAYMENT DESCRIPTION

ITEM	AMOUNT	RESPONSIBLE	PERIOD
COLLEGE FEE	<b>1,600,000</b>	ALL	Paid at once or in <b>FOUR</b> installments

### Other Charges

IDENTITY card	10,000/-	ALL	Once at the begin of first semester
Students Union	10,000/-	ALL	Every year at the begin of the year
NACTE Quality Assurance	20,000/-	ALL	Every year at the begin of the year
Local examination	200,000/-	ALL	Every year at the begin of first semester
Caution money	100,000/-	ALL	Once at the begin of first semester
White rim paper	2pcs	ALL	Once at the begin of semester
Pre-NACTE Examination	100,000/-	ALL	Once at the begin of second semester
Stationary	150,000/-	ALL	Every year at the begin of the year
Registration Fee	100,000/	ALL	At the begin of first semester
<b>TOTAL</b>	<b>690,000/=</b>		

FIRST SEMESTER	AMOUNT	PERIOD
First installment	650,000	At the begin of 1 <sup>st</sup> semester when reporting
Second installment	495,000	Two months after opening the college
<b>SUBTOTAL</b>	<b>1,145,000</b>	

Third installment	650,000	At the begin of 2 <sup>nd</sup> semester when reporting
Fourth installment	495,500	Two months after opening the college
<b>SUB TOTAL</b>	<b>1,145,000</b>	
<b>TOTAL</b>	<b>2,290,000</b>	

**OTHER PAYMENTS DEPENDING ON SPECIFIC COURSE/PROGRAM AND YEAR OF STUDY.**

<b>ITEM</b>	<b>AMOUNT</b>	<b>RESPONSIBLE</b>	<b>PERIOD</b>
Clinical Rotation	200,000/-	All students with clinical rotations	Every semester with clinical rotations shall be paid one month before commencement of rotations
Pharmacy Practice/ Environmental Field	150,000/-	All students with field	Every year at the begin of the semester with Field
Supplementary/ Special Examination	50,000/-	Permodule	
NACTE- Examinationfee	150,000/-	ALL	At the begin of second semester
NHIF	60,000/=	ALL	At the begin of first semester

***'BRIDGE TO SUCCESS'***

***You are warmly welcome***

PRINCIPAL  
***KILIMANJARO INSTITUTE OF HEALTH SCIENCES***  
***ARUSHA***