

# ADMISSION FORM 2024



## KILENZI MEMORIAL COLLEGE OF HEALTH AND ALLIED SCIENCE

Registered and accredited by NACTE

**REG/HAS/229**

ADMISSION FORM FOR SEPTEMBER INTAKE  
2023/2024 ACADEMIC YEAR

Attach here  
2 passport size  
photos

### STUDENT'S APPLICATION FORM

#### COURSE OFFERED

1. Pharmaceutical Sciences
2. Clinical Medicine
3. Health Information Science
4. Social Work

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HUDUMA ZA BWENI ZINATOLEWA BURE  
ACCOMODATION SERVICES ARE PROVIDED FREE

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## WHO ARE WE

“**Kilenzi Memorial College of Health and Allied Sciences** is a Collage of Health and Allied Sciences licensed by the National Council of Technical Education (NACTVET) and other Health professional bodies to provide mid level health trainings, both at Diploma and Basic Technician Certificates levels. Whose premises are situated at Kimara Michungwani Dar Es Salaam, Tanzania East Africa.

## WHY STUDYING AT KIMCHAS

When you choose to launch your Healthcare career at Kilenzi Memorial Collage of Health and Allied Sciences (KIMCHAS), you join the center of excellence in health career with experienced tutors ambitious and inspirational to improve the health of communities through well-trained personnel at affordable costs. Instead of going for costly places and spend huge sums of money and your valuable time, just join Kilenzi Memorial College of Health and Allied Sciences (KIMCHAS)

### VISION:

To provide Excellent Educational opportunity in Health-related Disciplines that are responsive to the needs of the community and help students meets economic, social and environmental challenges to be active participant in shaping the world of future.



### MISSION:

- >>> To deliver high quality instructions that empowers students to compete regionally and globally and contribute to the economic growth of today's society.
- >>> We are dedicated to fostering a diverse educational community and cultural learning environment that supports students' success in pursuit of academic excellence, economic opportunity and personal achievements.



**MOTTO: “BUILDING A BETTER HEALTH FOR TOMORROW”**



## MINIMUM ENTRY QUALIFICATIONS FOR ALL COURSES (Put Tick)

PROGRAMME APPLYING	ENTRY QUALIFICATIONS Education Examination (CSEE) Holders of Certificate of Secondary	AWARDS: PROFESSIONAL	Put Tick
Pharmaceutical Science	Four (4) passes in non-religious subjects including Chemistry and Biology	Certificate & Diploma	
Clinical Medicine	Four (4) passes in non-religious subjects including Chemistry, Biology & Physics	Certificate & Diploma	
Health Information Science	Four (4) passes in non-religious subjects including Biology, Basic Mathematics & English Language	Certificate & Diploma	
Social Work	Four (4) passes in non-religious subjects	Certificate & Diploma	

### SECTION 1: EDUCATION DETAILS

Please fill in your academic qualifications below table in BLOCK letters

FORM 4:	Index Number	Year	School Name	Division

FORM 6:	Index Number	Year	School Name	Division

NTA Level 4:	Nacte Registration Number	Year	College Name	GPA

NTA Level 5:	Nacte Registration Number	Year	College Name	GPA

#### Note:

1. Original copies of all relevant final transcripts & birth certificate must be brought for verification during registration
2. Your qualifications must demonstrate eligibility for the course

## SECTION 3: PERSONAL PARTICULARS / INFORMATION

Full Name:					
Second Name:					
Surname:					
Date of Birth:				Nationality:	Religion:
Country of Residence:				District of Residence:	
Gender:		Permanent Home Address:			
Marital Status:					
Telephone No:				Email Address:	
Any Disability / Special need:					
No	Yes. Specify if any special need/ disability or medical condition				

First Close Relative (Next of Kin) Details		Second Close Relative (Next of A Kin):	
First Name:		First Name:	
Last Name:		Last Name:	
Relationship:		Relationship:	
Region/ City		Region/ City	
Telephone:		Telephone:	
Email:		Email:	

How did you hear about us? (Tick appropriately) [/]

Fliers	Newspaper/ Post Sticker	Social Media	Website	Education Trade	Individual/Parents Recommendation



**Table 1: FEES STRUCTURE 2023/2024****DESCRIPTION OF TUITION FEE**

	PROGRAMME	TUITION FEES(T.SH)	DISCOUNTED FEES: (TSH)
i	Pharmaceutical Science	1,650,000	1,353,000
ii	Clinical Medicine	1,750,000	1,435,000
iii	Health Information Science	1,650,000	1,353,000
iv	Social Work	1,000,000	820,000

**Table 2: OPERATIONAL (OTHER) COSTS**

S/N	DESCRIPTION	AMOUNT: (TSH)
i	Admission fee (paid Once)	20,000
ii	Medical Insurance (Only applicable For those who do not have any health insurance) (paid every academic year).	50,400
iii	Identity Card (paid Once)	15,000
iv	School Uniform (paid Once)	130,000
v	Quality Assurance for NACTE (paid every academic year)	15,000
vi	Caution money (paid every academic year)	10,000
vii	Students Union (paid every academic year)	10,000
	<b>TOTAL</b>	<b>260,400</b>

**Table 03: PRACTICAL AND FIELD COSTS PAID IN TWO EQUAL INSTALLMENTS**

S/N	COURSE DESCRIPTION	AMOUNT: (TSH)
i	Pharmaceutical Sciences & Clinical Medicine	300,000
ii	Health Information Science & Social Work	200,000

**Table 04: EXAMINATION PAYMENTS**

NATURE	COURSE DESCRIPTION	AMOUNT: (TSH)
Internal Exams	Pharmaceutical Sciences & Clinical Medicine	300,000
	Health Information Science & Social Work	200,000
<b>External Exams (NACTE Exams)</b>	<b>ALL COURSES</b>	<b>150,000</b>

Description	1st INSTALLMENT	2nd INSTALLMENT	3rd INSTALLMENT	4th INSTALLMENT
	1st SEPTEMBER	2nd JANUARY	1st APRIL	1st JUNE
Pharmaceutical Science	630,000	700,200	630,000	700,200
Clinical Medicine	650,000	730,200	650,000	730,200
Health Information Science	600,000	630,200	600,000	630,200
Social Work	500,000	405,200	500,000	405,200

**Table 05: PAYMENT SCHEDULES (All the above payment are included).**

## FINANCING.

Indicate how you intend to finance your studies and living expenses in the college.  
How are you going to finance your studies at KIMCHAS (tick appropriately)

Family ☐ Employer ☐ Loan ☐ Saving ☐ Other ☐

Parents/Guardians:		Job Title:	
Telephone No:		Place of work:	
Address:		Occupation:	
E-mail:		Office Telephone:	

## MODE OF PAYMENTS.

- The fees are payable in full/or in four installments at the beginning of each academic year / semester. No one will be accepted to the college prior payment of quarter of the amount.
- All payments shall be paid directly to our bank Account NO: 015C585639000 at any branch of CRDB BANK PLC, with  
Account Name: Kilenzi Memorial College of Health and Allied Sciences.

### NOTE: -

- DISCOUNTED FEES is for off-campus students only. (Make proper decisions).
  - Medical tools 100,000 for Clinical Medicine student only.
  - Bring the bank pay in slips to the college.
  - Please take note that; money paid is non- refundable.
- Make proper decisions before payments.

## ACCOMODATION

If you opt to be provided with, hostel services please select by ticking below: [/]

Hostel services Yes ☐ No ☐

- All residents' students are required to sign an accommodation agreement/ contract before the room.
- During reporting time, student will be required to have the following items:
  - i) One pair of pillowcases, one mosquito net, one towel and slippers.
  - ii) A bucket.
  - iii) Other personal items.

### Note:

- Once a student opts for college hostel services, he/she shall not change the status until the end of semester.



## Terms and Conditions;

- 1) I am responsible for familiarizing myself with and abiding to all Kilenzi memorial College of health and allied sciences policies, rules and regulations as listed in the admissions.
- 2) I agree to meet all assessment tests, assignments and examination requirements as stipulated by the college.
- 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 warnings, I can be expelled from the college and my parents/guardian; sponsor will be informed in writing.
- 4) The college management have the right to change fee structure at the end of each academic year
- 5) No refund will be given for any payment made.
- 6) No student will be permitted to take either internal or external examination and accessing college services before his/her fees balances are paid in full in every installment package.
- 7) 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. I agree to meet my financial obligations to the College in full and by the due date provided to me detailed in my payment plan. I understand that I will not be permitted to enroll, sit for exams graduate if I fail to do so.

### DECLARATION

I.....  
hereby state that the information 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 information is false.

Signature.....

Date .....