



**AFRICAN INLAND CHURCH TANZANIA
HEALTH DEPARTMENT
KOLANDOTO COLLEGE OF HEALTH SCIENCES**

**E-mail: info@kchs.ac.tz
Tel: +255 (0) 625974142
Fax: +255 (0)732937360
Our Ref. KCHS/ADMN/18/305
Dear:**

**P.O.BOX 16
Kolando, Shinyanga
TANZANIA
Date.....**

ADMISSION LETTER

Please refer to your application for admission into programme for academic year 2019/2020 in department of I'm pleased to inform you that your application is successful. Congratulations for being selected and thank you for choosing Kolandoto College of Health Sciences (KCHS). The academic year commences on the **15th October, 2019**.

Enclosed herein are instructions provided for your guidance and you are requested to read them very carefully. Upon arrival you will be issued with student's By-Laws, which cover the college regulations governing your stay at Kolandoto College of Health Sciences.

You are required to confirm acceptance of this offer by depositing the sum of Tsh200, 000 before **8th October, 2019 for registration and reservation of your vacancy and it will be part of the tuition fee**. A copy of bank pay – in-slip should be sent to Kolandoto College via email address info@kchs.ac.tz or hand delivery. On your arrival you are expected have paid at least 100 % of 1st fee installment, other contributions and direct cost. Failure to comply with the stated conditions will result to nullification of your vacancy at the college.

Mode of payment

All fees payable to the college must be done as follows;

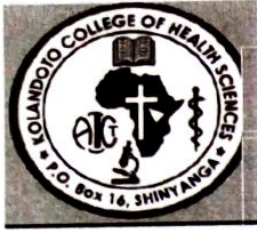
- 1. Tuition fees payment is made through control number at CRDB bank, please contact accounting office for further details call: 0742155623/0628310773**
- 2. Other contributions and direct cost payment is made through control number at CRDB bank, please contact accounting office for further details call: 0742155623/0628310773**
3. Payments may be done as stipulated in the payment plan document. Terms and conditions apply.
4. Fees once paid are none refundable

P. B. Shiluka
P. B. SHILUKA
PRINCIPAL



KOLANDOTO COLLEGE OF HEALTH SCIENCES

**AFRICA INLAND CHURCH TANZANIA
HEALTH DEPARTMENT**



KOLANDOTO COLLEGE OF HEALTH

P.O. Box 16 KOLANDOTO, Tel: +255(0)732987360 Fax: +255(0)732987360

E-mail: info@kchs.ac.tz website: www.kchs.ac.tz

Attach three
passport size
photographs

REG.NUMBER REG/HAS/008

STUDENT JOINING FORM

Section 1: Applicant Details

Please complete in BLOCK letters or type or tick

First Name							
Second Name							
Surname							
Date of Birth		Nationality					
Gender	Male	<input type="checkbox"/>	Marital Status	Single	<input type="checkbox"/>	No. of Children	
	Female	<input type="checkbox"/>		Married	<input type="checkbox"/>		
Do you consider yourself to have a disability?		Yes	<input type="checkbox"/>	Do you have a criminal conviction?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>			No	<input type="checkbox"/>

Permanent Home Address				Address for Correspondence (If different from Home Address)			
City		Country		City		Country	
Post Code				Post Code			
Telephone				Telephone			
Email				<i>Please write your e-mail address clearly</i>			

CLINICAL MEDICINE PROGRAMMES:

- Technician Certificate in clinical medicine
- Ordinary Diploma in clinical medicine
- Ordinary diploma in clinical medicine (Upgrading)

MEDICAL LABORATORY PROGRAMMES:

- Technician Certificate in Medical Laboratory Technology
- Ordinary Diploma in Medical Laboratory
- Ordinary diploma in medical laboratory (Upgrading)

NURSING PROGRAMMES:

- Ordinary Diploma in nursing
- Ordinary Diploma in Nursing (In service)

PHARMACEUTICAL PROGRAMMES

- Basic technician in Pharmaceuticals science
- Technician certificate in Pharmaceutical sciences
- Ordinary diploma in Pharmaceutical sciences

Intake for which you are joining for: - 20..... / 20.....	Course.....
---	-------------

Section 5: Finances**MODE OF PAYMENT**

1. **Tuition fees payment is made through control number at CRDB bank, please contact accounting office for further details call: 0742155623/0628310773**
2. **Other contributions and direct cost payment is made through control number at CRDB bank, please contact accounting office for further details call: 0742155623/0628310773**
3. **Payment for TNMC registrations**
4. **Form is Tsh.10, 000/=**

Terms of Payment: For payable to the College may be done Every Semester, Once per year or every 10th week in each Semester.

Section 6: AccommodationYES NO (tick ✓)

All residents are required to sign an accommodation agreement / contract before allocated to the room.

If YES: - During your stay bring:-

- (i). 1 matres size 2.5 inch wide and length 6 inch, (ii). 2 pair of bed sheet (iii) 1 pair of pillow cases (iv). 1 Towel & snickers. (v). 1 Mosquito net

NOTE:

Students wishing to stay off campus should sign an agreement contract with college

It is optional for Community Health course to stay at the hostel but for others courses will stay in.

In Campus Accommodation for Community Health Workers Course are available on request. This should be made before reporting students to the College because the space is limited for reservation. Please contact admission officer on or before arrival and fee for accommodation is Tsh 300,000/= per year

Section 7: College Uniforms:

1. College uniform are available at the college at the rate of Tsh200, 000/=. Payment is made through control number at CRDB bank, please contact accounting office for further details

Call: 0742155623/0628310773

Shinyanga Branch and should come with closed black leather shoes

- Sport gears – is for your own choice

REQUIREMENTS FOR EACH COURSE:**Clinical Medicine Course:**

Sphygmomanometer, Patella hummer, Stethoscope and Tape measure, 2 boxes of gloves, mercury, thermometer, pen torch and turning fore

Medical Laboratory Course:

White Long sleeves laboratory coats, 4 boxes of gloves (disposable), scientific calculator, stopwatch and one box of marker pen

Nursing:

Sphygmomanometer, Thermometer, Stethoscope, Tape measure, wrist watch with second hand
2 Boxes of Surgical glove Sterile with size 7.5

Pharmacy

2 boxes of gloves

Note:

All courses you are required to come with;

2 ream of A4 double A per annual EXCEPT Nursing required to come with 1ream of A4 double A and 1Maxon Ruled paper per annual.

Students are encouraged to come with their laptop computer if any

NOTE: all above equipments are available around the college at affordable cost.

There is cafeteria for saving the meals.

-All 3 meals (breakfast, lunch & dinner) will be served to **residents** and **non-residents** at affordable price (depending on the menu of the day). Total cost per year of study for meals. **1,185,000/=**. **Food is optional. This amount is not paid to college**

Section 9: Medical Status / Reports

MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS

(To be filled by the candidate)

SURNAME AGE.....SEX

OTHER NAMES.....

COURSE OF STUDY

SCHOOL..... MARITAL STATUS

PARTS II-V

(To be filled by a medically qualified and registered professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate Yes or No.

- 1. Tuberculosis..... 11 Diabetes.....
- 2. Asthma..... 12 Epilepsy.....
- 3. Rheumatic fever 13 Deformity
- 4. Allergic disorders 14 Mental Illness.....
- 5. Heart disease 15 Eye disorder
- 6. Gastric or duodenal ulcers 16 Ear, Nose or Throat Disorder.....
- 7. Jaundice..... 17 Skin disease
- 8. Dysentery 18 Anemia.
- 9 Varicose veins. 19 Gynecological disorder:.....
- 10 Kidney disease.
- 20 Anyotherserious disorder (specify).....

PART III: PHYSICAL EXAMINATION

- 1. Height (cm)..... 6. Ears (state if any discharge).....
- 2. Skin. 7. Mouth and throat.
- 3. Weight (Kg) 8. Nose.
- 4. Eyes: 9. Any abnormality.....
- 10. Cardiovascular system: Blood pressure: Systolic. Diastolic.....
- Heart: Any Mummer? Arteries and veins.....
- 11. Respiratory system: Lung fields
- 12. Abdomen.

PART IV: LABORATORY

- 1. Urinalysis: 2. Stool Examination
- 3. Serology: 4. Urine Pregnancy test (Females)
- 5. Full blood picture.....
- Widal test
- VDRL

PART V: CONCLUSION

I have examined Mr. /Miss/Mrs.and consider that he/she
..... to be admitted to the college for higher education.

Name of Examiner:

Title: Qualifications:

Date: SignatureStamp

Address:

(It should be filled/examined from the government hospital)

Section 10: Documents Required/Reporting

<p>1. This application form (mandatory)</p> <p>2. Academic certificate (mandatory) ORIGINAL</p>	<p>3. Three passport-size photo of student Attach to front of this application</p> <p>4. Bank Slips,</p> <p>PLEASE NOTE: STUDENTS ARE REQUIRED TO BRING THEIR ORIGINAL DOCUMENTS (CERTIFICATE) ON REGISTRATION DAY.</p>
--	--

Reporting date:

15/10/2019 from 8:00am to 4:30pm Monday to Friday.

After registration there will be orientation and classes will start immediately

If student does not come with the above mentioned documents, he/she will not be registered. **Once payment is made it is non-refundable.**

Section 11: 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 exam requirements as stipulated by the College/MOHCDGEC/NACTE.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is at least 90% throughout the duration of the course. I understand that if classroom attendance is not maintained at the minimum level then disciplinary action can take to me and I can be excluded from further studies at the College and my parents/guardian; sponsor will be informed in writings.
4. Fees once paid are none refundable
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.
8. I agree to be eliminated from studies if I fail to pay fees on time without any information.

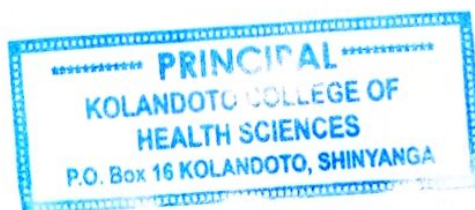
Student Declaration:

I am applying for admission to KCHS. 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 programme, I agree to abide the rules and regulations of the College.

Signed: _____ Name: _____ Date: _____

Kolandoto College of Health Sciences (KCHS) it is full Registered by:-

The National Council for Technical Education (**NACTE**) with registration number **REG/HAS/008**



Principal:

P. Shiluka
.....

P.B. SHILUKA
KOLANDOTO COLLEGE OF HEALTH SCIENCES