



AFRICA INLAND CHURCH TANZANIA (AICT)
HEALTH DEPARTMENT
KOLANDOTO COLLEGE OF HEALTH SCIENCES (KCHS)
REGISTRATION NUMBER: HAS/008

P.O. BOX 16,
KOLANDOTO – SHINYANGA
LOCATION: 14 KM FROM SHINYANGA TOWN
1.2 KM FROM JUNCTION OF MWANZA ROAD

Email: info@kchs.ac.tz
Phone: +255 742 155 623

Website: www.kchs.ac.tz

ADMISSION LETTER

WELCOME TO KOLANDOTO COLLEGE OF HEALTH SCIENCES

REF NUMBER: KCHS/ADM/23/240

Date: 10th October, 2023

Dear: _____

SUBJECT: ADMISSION INTO COURSE FOR ACADEMIC YEAR 2023/2024

I am pleased to inform you that you have been selected into _____ program in the department of _____. Academic year begins on 10th, October 2023. Classes will be preceded by computer short courses and other preliminary academic proceedings. You are required to deposit a sum of 200,000 TZS in the College bank Account via control number which will be issued upon request from the college accounts office. This amount is for vacancy reservation and is part of the College fee. Kindly Call 0757507495/0769697785 for being issued with control number.

Upon arrival, you will be oriented through inter alia students' by-laws, college regulations and Ministry of health rules and regulations which will govern your stay at Kolangoto College.

Mode of payment:

- i. Tuition fee and other contributions are paid through control number at CRDB Bank
- ii. A payment plan document will be issued to a student. This document indicates the instalments of fee payment. Terms and conditions apply.
- iii. Fee once paid is not refundable.

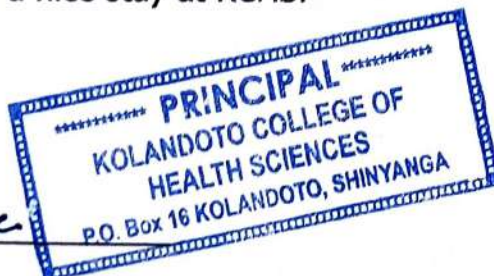
I wish you a nice stay at KCHS.

Regards,



P. SHILUKA

PRINCIPAL





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Section 1: Applicant Details

Please complete in BLOCK letters or type or tick

STUDENT JOINING FORM

| | | | | | | | |
|--|--------|--------------------------|---|-------------|--------------------------|-----------------|--------------------------|
| First Name | | | | | | | |
| Middle 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 any criminal conviction record? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | No | <input type="checkbox"/> | | No | <input type="checkbox"/> | | |

| | | | | | | | |
|------------------------|--|---------|--|-----------------------------|--|---------|--|
| Permanent Home Address | | | | Parent name: | | | |
| | | | | Telephone: | | | |
| | | | | Region | | Country | |
| City | | Country | | | | | |
| Post Code | | | | Parent/Close relative name: | | | |
| Telephone | | | | Telephone: | | | |
| | | | | Region | | Country | |
| | | | | Email: | | | |
| Email | | | | | | | |

Please write your e-mail address clearly

Section 2: Course Selection

Put tick to appropriate course

PRE-SERVICE PROGRAMMES:

- ❖ Ordinary Diploma In Clinical Medicine
- ❖ Diploma In Medical Laboratory
- ❖ Ordinary Diploma In Nursing
- ❖ Ordinary Diploma In Pharmaceutical Science

UPGRADING PROGRAMMES

- ❖ Ordinary Diploma In Nursing (Upgrading)
- ❖ Ordinary Diploma In Clinical Medicine (Upgrading)
- ❖ Ordinary Diploma In Medical Laboratory (Upgrading)
- ❖ Ordinary Diploma In Pharmaceutical Science (Upgrading)

Intake for which you are joining for: - 2023 / 2024

Program.....

Section 3: Finances

MODE OF PAYMENT

1. Tuition fees and other contribution payments are made through control number at CRDB Bank, please contact accounting office for further details: 0757507495/0769697785
2. Direct cost payment is made through NBC bank; Name: **Kolandoto college of health sciences (KCHS)**, Account number: **024101003999**.
3. Student Joining Instructions form is available at Tsh 10,000/=.

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

Section 4: Accommodation

All residents are required to sign an accommodation agreement/contact before being allocated to the room. You are required to bring with you, 1 mattress (size 2.5"x6") and other hostel necessary requirements like (mosquito net, white sweater, white socks, Bedsheets light blue.

Section 5: College uniforms

1. College uniform are available at the college at the rate of Tsh 120,000/=. Payment is made through NBC bank, Name: **Kolandoto college of health sciences (KCHS)**, Account number: **024101003999**.

REQUIREMENTS FOR EACH PROGRAMME:

Clinical medicine

Sphygmomanometer, Patella hammer, Stethoscope and Tape measure, 1 Box of glove (Disposable), 1 box of surgical glove, Mercury Thermometer, Pen Torch and Tuning fork
3 Reams of **A4 double A** per annum.

Medical laboratory

1 Box of glove (Disposable) Scientific calculator, stopwatch and one box of Marker pen
3 Reams of A4 **double A** per annum.

Nursing and midwifery

Sphygmomanometer, Stethoscope and Tape measure, 1 Box of glove (Disposable), 1 box of Surgical glove, Mercury Thermometer, and 3 Reams of A4 **double A** per annum.

Pharmaceutical sciences

1. Scientific calculator, 1 Box of glove (Disposable), 1 Tanzania Pharmaceutical hand book (TPH) 2ND Edition (**available with request at the college for Tsh. 55,000**), 3 Reams of A4 **double A** per annum.

- ❖ All Students are encouraged to come with their own laptop computers or Smartphone
- ❖ **NOTE:** all above equipment's are available around the college premises at affordable cost.

SECTION 6: 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 disorders14 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 Any other serious disorder (specify).....

PART III: PHYSICAL EXAMINATION

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

PART IV: LABORATORY RESULTS

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

PART V: OFFICIAL USE (HOSPITAL)

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: Signature Stamp

Address:

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

Section 7: Documents Required/Reporting

Bring with you

1. This Join form (mandatory)

2. Academic certificate (mandatory)

**ORIGINAL FORM FOUR CERTIFICATE
OR RESULTS SLIP**

3. Birth certificate

3. Three passport-size photo of student
Attach to front of this application

4. Bank Slips,

**PLEASE NOTE: STUDENTS ARE
REQUIRED TO BRING THEIR ORIGINAL
DOCUMENTS (CERTIFICATE) ON
REGISTRATION DAY.**

Section 8: Terms and Conditions

1. I am responsible for familiarizing myself with and abiding by all rules, regulations, directives and policies throughout my stay at the college.
2. I agree to meet all assessment and exam requirements as stipulated by the College/MOH/NACTVET.
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.
4. Fees once paid are non- 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 surcharges.
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 appropriate action if subsequently found that part or all of the information provided is false.
8. I agree to be eliminated from studies upon failure to pay fees on time

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 by the rules and regulations of the College.

Signature : _____ Name: _____ Date: _____

Section 9: College Registration Number

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

The National Council for Technical Education and Vocational Training (NACTVET) with registration number **REG/HAS/008**



Principal:

P. Shiluka

P.B. SHILUKA

KOLANDOTO COLLEGE OF HEALTH SCIENCES



TUITION FEE AND OTHER CONTRIBUTIONS FOR ACADEMIC YEAR 2023/2024

DEPARTMENT OF CLINICAL MEDICINE

| NO | DETAIL | SEMESTER 1 | SEMESTER 2 | TOTAL PAYMENT |
|-----|-----------------------------------|---------------------|---------------------|---------------------|
| 1. | Tuition fee | 1,000,000.00 | 600,000.00 | 1,600,000.00 |
| | OTHER CONTRIBUTION | | | |
| 2. | Internal examinations | 350,000.00 | 200,000.00 | 550,000.00 |
| 3. | Accommodation | 150,000.00 | 150,000.00 | 300,000.00 |
| 4. | Library services | 25,000.00 | 25,000.00 | 50,000.00 |
| 5. | College development | 50,000.00 | 50,000.00 | 100,000.00 |
| 6. | Tehama /internet | 25,000.00 | 25,000.00 | 50,000.00 |
| | Total payment per semester | 1,600,000.00 | 1,050,000.00 | 2,650,000.00 |
| | DIRECT COSTS | | | |
| 7. | Student union | 15,000.00 | - | 15,000.00 |
| 8. | NHIF (Medical treatment) | 60,000.00 | - | 60,000.00 |
| 9. | NACTE registration | 15,000.00 | - | 15,000.00 |
| 10. | Identity Card | 10,000.00 | - | 10,000.00 |
| 11. | School Uniform | 120,000.00 | - | 120,000.00 |
| 12. | NACTE Examination | | 150,000.00 | 150,000.00 |
| 13. | Procedure and Log Books | 15,000.00 | - | 15,000.00 |

NB:

- TUITION FEE AND OTHER CONTRIBUTION ARE PAID INTO CRDB BANK ACCOUNT THROUGH CONTROL NUMBER WHICH IS GENERATED ON DEMAND FROM THE ACCOUNTS OFFICE. TO GET CONTROL NUMBER PLEASE CONTACT 0757507495/0769697785 FROM 0800hrs-1600hrs Monday - Friday**
- ALL DIRECT COST FEE MUST BE DEPOSITED AT COLLEGE ACCOUNT NO: 024101003999, NAME: KOLANDOTO COLLEGE OF HEALTH SCIENCES, NBC-SHINYANGA.**
- REAM PAPER 3 (DOUBLE A), 1 SURGICAL GLOVES ARE AVAILABLE AROUND THE COLLEGE PREMISES AT AFFORDABLE PRICES.**
- CASH IS STRICTLY NOT ACCEPTABLE; SUBMIT YOUR BANK PAY IN SLIP ON REPORTING DATE.**

Accounts Department.
 Kolandoto College of Health Sciences.....
ACCOUNTANT
PAID / RECEIVED



TUITION FEE AND OTHER CONTRIBUTION PAYMENT

PAYMENT SCHEDULE

| | 1 ST INSTALLMENT | | 2 ND INSTALLMENT | | 3 RD INSTALLMENT | | 4 TH INSTALLMENT | | 2023/2024 | |
|---------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|-----------------------------|---------------------------|--------------|--------------|
| | TUITION FEE | 1 ST October 2023 | TUITION FEE | 1 ST January 2024 | TUITION FEE | 1 ST April 2024 | TUITION FEE | 1 ST June 2024 | BANK CHARGES | TUITION FEE |
| NURSING | 850,000.00 | | 550,000.00 | | 500,000.00 | | 450,000.00 | | 2,000.00 | 2,352,000.00 |
| CLINICAL MEDICINE | 900,000.00 | | 700,000.00 | | 550,000.00 | | 500,000.00 | | 2,000.00 | 2,652,000.00 |
| MEDICAL LABORATORY | 850,000.00 | | 600,000.00 | | 550,000.00 | | 450,000.00 | | 2,000.00 | 2,452,000.00 |
| PHARMACY | 850,000.00 | | 600,000.00 | | 550,000.00 | | 450,000.00 | | 2,000.00 | 2,452,000.00 |

DIRECT COST FOR FIRST YEAR:

| | |
|--|------------|
| NACTE registration | 15,000.00 |
| Student union | 15,000.00 |
| NHIF (Medical Treatment) | 60,000.00 |
| Identification Card (First year and Upgrading) | 10,000.00 |
| Uniform | 120,000.00 |
| Ministry Examination fee | 150,000.00 |
| Field Costs (Pharmaceutical sciences) 2 ND Semester | 200,000.00 |
| Procedure and logbooks | 15,000.00 |

PAID / RECEIVED
 Accounts Dept. Ment.
 Rolando College of Health Sciences

TUITION FEE PAYMENT IS MADE THROUGH CONTROL NUMBER AT CRDB BANK, PLEASE CONTACT ACCOUNTING OFFICE FOR FURTHER DETAILS

CALL: 0757507495/0769697785