



**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](mailto:info@kchs.ac.tz)  
Phone: +255 742 155 623

Website: [www.kchs.ac.tz](http://www.kchs.ac.tz)

**ADMISSION LETTER**

**WELCOME TO KOLANDOTO COLLEGE OF HEALTH SCIENCES**

REF NUMBER: KCHS/ADM/23/240

Date: 10<sup>th</sup> 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 10<sup>th</sup>, 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.

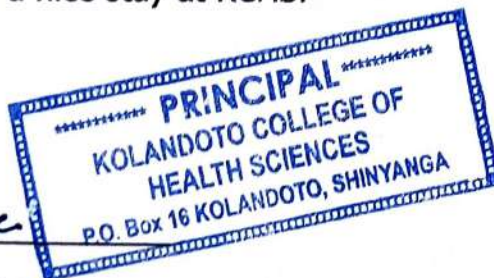
I wish you a nice stay at KCHS.

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 10<sup>th</sup> 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) 2<sup>ND</sup> 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 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 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 NURSING**

NO	DETAIL	SEMESTER 1	SEMESTER 2	TOTAL PAYMENT
1.	Tuition fee	1,000,000.00	600,000.00	1,600,000.00
<b>OTHER CONTRIBUTIONS</b>				
2.	Internal examinations	100,000.00	150,000.00	250,000.00
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
	<b>Total Payment Per Semester</b>	<b>1,350,000.00</b>	<b>1,000,000.00</b>	<b>2,350,000.00</b>
<b>DIRECT COSTS</b>				
7.	Students' 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.	School Uniform	120,000.00	-	120,000.00
11.	Identity Card	10,000.00	-	10,000.00
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  
.....  
**PAID / RECEIVED**  
ACCOUNTANT



## TUITION FEE AND OTHER CONTRIBUTION PAYMENT

### PAYMENT SCHEDULE

	1 <sup>ST</sup> INSTALLMENT		2 <sup>ND</sup> INSTALLMENT		3 <sup>RD</sup> INSTALLMENT		4 <sup>TH</sup> INSTALLMENT		2023/2024	
	TUITION FEE	1 <sup>ST</sup> October 2023	TUITION FEE	1 <sup>ST</sup> January 2024	TUITION FEE	1 <sup>ST</sup> April 2024	TUITION FEE	1 <sup>ST</sup> June 2024	BANK CHARGES	TUITION FEE
<b>NURSING</b>	850,000.00		550,000.00		500,000.00		450,000.00		2,000.00	2,352,000.00
<b>CLINICAL MEDICINE</b>	900,000.00		700,000.00		550,000.00		500,000.00		2,000.00	2,652,000.00
<b>MEDICAL LABORATORY</b>	850,000.00		600,000.00		550,000.00		450,000.00		2,000.00	2,452,000.00
<b>PHARMACY</b>	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 <sup>ND</sup> Semester	200,000.00
Procedure and logbooks	15,000.00

**ACCOUNTS DEPARTMENT**  
**Kondeo College of Health Sciences**  
**PAID / RECEIVED**