

# TESTIMONY COLLEGE OF HEALTH SCIENCES



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WEBSITE: [www.testimonycollege.ac.tz](http://www.testimonycollege.ac.tz)

**NACTE COLLEGE REG. NUMBER - REG/HAS/150**

## STUDENT JOINING FORM YEAR 2022/2023 (SEPTEMBER INTAKE)

*This form can be typed or handwritten.*

First Name					
<b>Section 1: APPLICANT DETAILS (MAELEZO YA MUOMBAJI)</b> <span style="float: right;"><i>Please</i></span>					
Second Name					
Surname					
Date of Birth			Nationality		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		No. of Children			
Do you consider yourself to have a disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a criminal conviction		Yes <input type="checkbox"/> No <input type="checkbox"/>

Permanent Home Address (Anuani Ya Kudumu)				Address for Correspondence (If different from Home Address)			
City		Country		City		Country	
Post Code				Post Code		Country	
Telephone				Telephone			
Email	<i>Please write your e-mail address clearly</i>						
<b>Section 2: COURSE SELECTION (CHAGUA KOZI)</b>							

### PROGRAMMES: (Put a tick)

- ☐ Certificate in Nursing N.T.A - 5
- ☐ Upgrading & Diploma in Nursing N.T.A-6
- ☐ Certificate in Community Development N.T.A -5
- ☐ Ordinary Diploma in Community Development  
N.T.A - 6

### Section 3: ENTRY QUALIFICATION ( VIGZO VYA KUJIUNGA)

#### FOR NURSING PROGRAMME:

- **Certificate and Diploma in Nursing;** Holders of Certificate of Secondary Education (CSEE) with Four Passes including "D" in Chemistry, Biology and Physics and any other subject except Religious subjects.
- **Upgrading Diploma in Nursing;** Holders of NTA Level 5 in Nursing or Enrolled Nursing with Three passes in CSEE and at least one pass in sciences subjects (Physics, Chemistry and Biology).
- **Certificate & Diploma in Community Development;** Holders of Certificate of Secondary Education (CSEE) With Four Passes "D" In Any Subjects except Religious Subjects.

List all academic qualifications "O" "A" Level grade or equivalent transcripts attach

Qualification	From	To	School / College/ University name	Index Number

### Section 4: APPLICATION PROCEDURES (JINSI YA KUJIUNGA)

An applicant is advised to follow these procedures:-

- Through online [www.testimonycollege.ac.tz](http://www.testimonycollege.ac.tz) Email: [info@testimonycollege.ac.tz](mailto:info@testimonycollege.ac.tz)**
  - Necessary and required certificates (Scan and email us)
  - 20,000/= Tsh application fee. Payments are to be made at the bank, scan your bank slip and send through our email address.
  - 3 recent passport size (Still picture)
  - Download your application form online through our website keep it till your reporting day.
- Direct contact or visit the college.**
  - Visit TECO HAS College located at GOBA ward Area.
  - Bring your 20,000/= Tsh, 3 passport size and certificates
  - After direct communication you will be given a joining form.

**Section 5: REFERENCES (WADHAMINI)**

please complete in BLOCK letters or type.

Please provide the names of two referees; at least one should be an academic referee who has knowledge of your academic ability.

Referee name	Address	Telephone	E-mail

**Section 6: ACCOMODATION (MALAZI)**YES ☐NO ☐ (tick ✓)

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

If YES: - During your stay bring:-

- i) 2 pair of bed sheet
- ii) 1 pair of pillow cases
- iii) 1 Towel & snickers
- iv) 1 Mosquito net

Indicate how you intend to finance your studies and your living expenses in Dar es Salaam.

**Section 7: FINANCES**

How will you finance your studies at TECOHAS? Family ☐ Employer ☐ Savings ☐ Other ☐

Parents/Guardians		Job Title	
Telephone No.		E-mail	

**Sponsor Declaration:** I have agreed to finance the above named applicant in his/her studies at KULANGWA NURSING SCHOOL and agreed to release funds for tuition fees and living expenses as and when required.

Signed: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_



All payments shall be paid directly to TECOHAS NMB BANK - (Account No. 23110043592) For TUITION FEES ONLY and TECOHAS NBC BANK – (Account No. 049103003402) For ACCOMMODATION/HOSTEL FEES ONLY.

**NOTE: NBC BANK ACCOUNT NAMED AS KULANGWA PRINMAT NURSING SCHOOL & TESTIMONY COLLEGE FOR NMB BANK ACCOUNT.**

**1: DIPLOMA – UPGRADING IN NURSING IN SERVICE ( ONE YEAR COURSE): (N.T.A LEVEL 6)**

DESCRIPTION	DAY	HOSTEL
Annual Tuition fee	1,305,000.00	1,305,000.00
Accommodation per annual	-	270,000.00
Total annual cost to college	1,305,000.00	1,575,000.00

**2: CERTIFICATE & DIPLOMA IN NURSING AND MIDWIFERY - DIRECT ENTRY (N.T.A LEVEL 4, 5 & 6)**

DESCRIPTION	DAY	HOSTEL
Annual Tuition fees	1,805,000.00	1,805,000.00
Accommodation per annual	-	270,000.00
Total annual cost to college	1,805,000.00	2,075,000.00

**3: CERTIFICATE & DIPLOMA IN COMMUNITY DEVELOPMENT – DIRECT (N.T.A LEVEL 4,5 & 6)**

DESCRIPTION	DAY	HOSTEL
Annual Tuition fees	1,320,000.00	1,320,000.00
Accommodation per annual	-	270,000.00
Total annual cost to college	1,320,000.00	1,590,000.00

**NOTE: The Annual fees are payable in full or in two installments at the beginning of each academic year / semester, first installment must be 50% of your total annual fee including hostel fee.**

**4: Ministry of Health, Community Development, Gender, Elderly and Children Examination fee for Nursing and midwifery program only.**

Annual Examination fee: (Malipo Ya Mtihani Wa Wizara Kila Mwaka)	150,000/=
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**5: All uniforms are available at the college campus for both males and females and should be paid by cash during registration.**

- Full uniforms are available for 60,000/= Tsh.

**6: CLINICAL FIELD, 50,000/= Per Each Semester (100,000/= Per Year).**

**7: For NURSING NTA LEVEL 5 only.**

- Community Field practical payments costs 50,000/= This will be paid cash direct to the college.

**NOTE: Annual Examination Fee, Clinical Practical Field Fee Must be paid directly to college in cash is not allowed to pay through college accounts.**

**Section 8: MEDICAL EQUIPMENTS / INSTRUMENTS:****- For Nursng students:**

Sphygmomanometer, Patella hummer, Stethoscope, Tape measure, Penlight.

**- Other Programmes:**

Will be instructed during training sessions

**Section 9: MEALS (CHAKULA)**

The college has student's cafeteria

- All 3meals (breakfast, lunch & dinner) will be served to **residents** and **non-residents** at affordable price (depending on the menu of the day).
- Each student is advised to bring enough pocket money for his/her daily meals during field / practical work (out of the college campus periods).

**Section 10: MEDICAL STATUS / REPORTS (TAARIFA YA KIAFYA)**

- Do you have long term injury, specific learning disability, chronic illness or mental health condition (tick) Yes ☐ No ☐

If yes please specify ☐ Mobility ☐ Vision ☐ Hearing ☐ Speech

Other please specify (infections, congenital diseases etc.)

Supported by authorized physician (doctor) comments: - The applicant is / is NOT physically and mentally fit.

Dr's Name: \_\_\_\_\_

Dr's Signature and stamp: \_\_\_\_\_

**Section 11: DOCUMENTS REQUIRED (NYARAKA ZINAZOHITAJIKA)**

1.This application form (mandatory)

2. Latest academic transcripts/ certificates (mandatory) from highest qualification only

- Bring unexpired, both original and legal certified copies.

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

4. Bank Slips

**Please note:** Students are requires to bring their **copy & original documents** on Registration Day.

**Section 12: TECOHAS DECISION ON STUDENTS ADMISSION**

For official use

The said applicant by the name above is registered and selected to join the program of (Tick ☒ )

1) Nursing for (i) Certificate (NTA LEVEL 5) ☐ (ii) Diploma (NTA LEVEL 6) ☐

2) Community Development (i) Certificate (NTA LEVEL 5) ☐ (ii) Diploma (NTA LEVEL 6) ☐

**Commencing on:-** ..... Day of OCTOBER Year 2022

**Section 13: College Registration Number REG/HAS/150 (NAMBA YA USAJILI WA CHUO)**

**TESTIMONY COLLEGE OF HEALTH SCIENCES, Registered by both: -**

**The National Council for Technical Education (NACTE) and Ministry of Health, Community**



**Section 14: TERMS AND CONDITIONS (VIGZO NA MASHARTI)**

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 stipulates by the College.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is Minimum of 85% throughout the duration of the course. I understand that if classroom attendance is not maintained at the minimum level then, after three warnings, I can be excluded from further Studies at the College and my parents/guardian, sponsor will be informed in writing.
4. No refunds will be given for any payment made, including sponsor overpaid school fees.
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.

**Student Declaration: (KIAPO CHA MWANAFUNZI)**

I am applying for admission to TECOHAS. 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: \_\_\_\_\_

For ADMISSION OFFICER:.....

TESTIMONY COLLEGE OF HEALTH SCIENCES.

(Official stamp)

