



AFFIX
RECENT
PASSPORT
SIZE

PHOTOGRAPH

KARAGWE INSTITUTE OF HEALTH AND ALLIED SCIENCES.

NACTE REGISTERED INSTITUTE: REG; NO.HAS/146

PHONE: +255 (0) 784 480 413
+255 (0) 755 483 022
+255 (0) 745 666 787

ADDRESS P.O.BOX 451 Karagwe.
Kagera, Tanzania

WEBSITE: kiahs.jimdo.com

E-MAIL: kiahskaragwe@gmail.com

JOINING INSRUCTIONS FOR ACADEMIC YEAR 2020/2021.



KARAGWE INSTITUTE OF ALLIED HEALTH SCIENCES
KAYANGA ROAD-KISHAO, BUGENE
P.O.BOX 451, KARAGWE – KAGERA –TANZANIA
PHONE: +255 (0) 784 480 413
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Our Ref..... **Date**
Names (in full) First name Middle name.....
Surname Address Phone No.....

REF: JOINING INSTRUCTION FOR THE ACADEMIC YEAR 2020/2021

We are pleased to inform you that you have been selected to join the Karagwe Institute of Health and Allied Sciences for the program of:

.....
Please report at the college on 15th September. 2020.

GENERAL REQUIREMENTS

1. No candidate shall be registered into a program that He/ She were not admitted for. Also switching between programs after registration shall not be entertained.
2. The names entered in this form must be exactly the same as those appearing on your ORIGINAL Academic certificates
3. Fee once paid shall not be refunded or transferred to the next academic year or transferred to any other part.
4. No candidate shall be registered without payment of the required fee as indicated on fee structure mode of payment or production of proof for sponsorship. The college does not offer scholarship neither facilitate candidate to get the one.
5. The college fee and other contribution should be payable through NMB BANK
ACCOUNT NO. 31910007550, Name: Karagwe Institute Of Allied Health Sciences.
6. Examination fee paid is for that particular academic year and it may be reviewed from time to time.

COLLEGE CANDIDATE REGULATIONS AND EXAMINATION POLICY

Each candidate shall be issued with copies of the college Regulations upon registration. The candidate is required to read these documents very carefully because it provides a useful guide when he/she stays at college.

REGISTRATION

On arrival the candidate shall report to the Admission office for Registration. If he /she arrive after office hours he/ she shall contact admission officer through phone no. 0656624488/ 0752135079 for temporally consultation.

For registration purpose all of the following shall be required:

- I. Relevant original certificate and transcript at all sitting
- II. Result slip shall be accepted for form four levers of 2019 only
- III. Three recently passport size photographs
- IV. Proof that the candidate has paid the college fee by showing relevant bank pay slip
- V. Original Joining Instruction and Application form well filled for documentation purpose
- VI. None Tanzanian citizens must provide passport
- VII. Original Birth certificate
- VIII. Dully filled Medical examination Form

NB

- I. No candidate shall be registered if original certificate are not produced
- II. Submission of forged certificate is a criminal offence. Any candidate submitting such documents shall be prosecuted in the court of law

SPONSORSHIP

Sponsorship should be accept for Tanzania citizens only

ACCOMODATION

Collage offers accommodation for all students regardless to his / her place or residence. Students shall have to pay the required rental charges first before being allowed to inter in the room
Student must report with the following things for his/ her own accommodation
Mattress of 2.5 inch wide and length 6 inch, 2pair of bed sheet, 1 blanket, Towel, Snicker and Mosquito Net and bucket

UNIFORM

All students should possess a proper uniform proposed by the college authority. Uniform for all courses are offered here at the college. Once a student admitted, procedures of offering uniform are followed immediately. (Home dresses arrowed after class time).

MEALS

There is cafeteria for serving all meals(Breakfast, Lunch and Dinner) at affordable price, Total coast per day is about Tsh.2500/= This amount shall not paid to college.

NOTE

1. Every student must come with four (4) rim paper A4 SIZE, two (2) should be submitted during reporting time at first semester and other two (2) should be submitted during second semester.
2. Five Counter book, pen , ruler and pencils

FEE STRUCTURE AND ENTRY REQUIREMENTS

Program	Duration of the course	Tuition fee per annual	Enrty requirement
Technician Certificate and Ordinary Diploma in Pharmaceutical Sciences	2 &3 years	1,800,000	Minimum 4 Passes in non-religious subjects including Pass (D) in biology, chemistry, and any other two subjects.
Technician Certificate and Ordinary Diploma in medical laboratory	2 &3 years	1,600,000	Minimum 4 Passes in non-religious subjects including Pass (D) in biology, chemistry, physics and any other subject
Technician certificate and Ordinary Diploma in social work	2& 3 years	1,300,000	Minimum 4 Passes of any subject excluding religious subjects

Other charges

SN	ITEM	AMOUNT	RESPONSIBLE	TIME
1.	IDENTITY card	10,000	ALL	Once at the begin of first semester
2.	Uniform	100,000	MLT & PHARMACY	Once at the begin of first semester
3.	Uniform	40,000/=	SOCIAL WORK	Once at the begin of first semester
4.	NACTE Quality Assurance Fee	15,000	ALL	Every year at the begin of the first semester
5.	Internal Examination	100,000	ALL	Every year at the begin of the first semester
6.	Caution Money	50,000	ALL	Once at the begin of first semester
7.	Hostel	90,000	ALL	Every year at the begin of the first Semester and second semester
8.	Sport and Game	10,000	ALL	At the begin of first semester
9.	Medical Capitation (with no NHIF)	30,000	ALL	At begin of first semester
10.	Procedure book	50,000/=	Medical Lab. Students	Every year at the beginning of the second semester.
11.	Field attachment fee	250,000/	All students with field	Every year at the beginning of Second semester with Field
12.	Supplementary/Special Examination	50,000/	All modules	After declaration of end of semester one results
13.	Appeal	30,000/	Per module	Within 14 days after declaration of results

DECLARATION

I, _____ do hereby declare that I have read and understood the joining instructions offered by Karagwe Institute of Health and Allied Sciences and I promise to abide by the condition specified there in. In addition, I declare that all the documents submitted to the college are genuine to the best of my knowledge

Signature.....Date.....

We warmly welcome you at our esteemed college.

.....

Dr . George Mussa
(Principal)

MEDICAL EXAMINATION FORM

FULL NAME

CHECK:

BP:

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STOOL:

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.....

..... BS/MRDT:

.....

.....

UPT:

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URINALYSIS:

.....

.....

HIV:

.....

VDRL:

.....

He/she is physically fit/ unfit to follow this course

Tested

by: Designation..... Signature.....

....

Date...../...../20..... Station:

Official stamp.....