



**KARAGWE INSTITUTE OF HEALTH AND
ALLIED SCIENCES(KIHAS)**

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Website: www.kiahs.jimdo.com

Email: kiahskaragwe@gmail.com

*Attach four (4)
recent passport
size photographs*

**APPLICATION FORM FOR ADMISSION TO ORDINARY DIPLOMA PROGRAMMES FOR
ACADEMIC YEAR 2020/2021 IN MEDICAL LABORATORY SCIENCES**

(Please read carefully the Instructions before filling in this application form)

INSTRUCTIONS:

1. The duly filled application form should be returned along with certified photocopies of Certificates, academic transcript and original bank pay – in – slip (should bear the name of applicant).
2. Applicants will be required to pay Tsh. 30,000/= (thirty thousand only) via
NMB Bank Account Number: 31910007550
Account Name: Karagwe Institute of Allied Health Sciences

PART 1: CHOICE OF PROGRAMMES

In the table below, CHOOSE the Diploma Programme you would like to study by indicating your preference by using a tick (✓)

N O	Type of course	Entry Requirements	Indicate preference
1.	Certificate and Diploma in Pharmaceutical Sciences <i>Years 2&3</i>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-Religious subjects including “D” Passes in Biology and Chemistry.	
2	Certificate and Diploma in Medical Laboratory Sciences <i>Years 2&3</i>	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-Religious subjects including “D” Passes in Physics, Biology and Chemistry. A pass in Mathematics and English language is an added advantage.	
3	Certificate and Diploma in Social Work <i>Years 2&3</i>	Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) Passes in non-religious Subjects. Holders of Basic Technician Certificate (NTA Level 4) in Social Work, Gender and Community Development or Advanced Certificate of Secondary Education Examination (ACSEE) with at least one Principle Pass and one Subsidiary in Principle Subjects.	

COLLEGE REGISTRATION NUMBER: REG/HAS/146

DISCIPLINE, CREATIVITY AND SELF RELIANCE

PART 2: PERSONAL INFORMATION

First name	Middle name	Surname	Date of birth

Gender	Physical impairment if any	Email address

Nationality	Region	District
Name of Next of kin	His/her number	Relationship
Applicant phone number	Applicant address	Next of kin address

PART 3: EDUCATION. Certificate of Secondary Education Examination

	Form four index number	Year of completion
First sitting		
Other sitting if any		

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
Biology			History		
Chemistry			Geography		
Physics			Civics		
Mathematics			Kiswahili		
English					

Name of Primary School	
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PART 4: FINANCE

Indicate who will finance your studies if you will be selected to join the **KIHAS**

Parents/Guardians	Telephone No.	E-mail	Job Title	Relationship

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

Name.....Signed:.....Date...../...../2020

PART 5: FEE STRUCTURE

Successfully applicants will be required to pay Training fee as follows:

A: TUITION FEE AND OTHER PAYMENT DESCRIPTION

S/N	ITEM	AMOUNT IN (TSHS)	RESPONSIBLE
A	TUTION FEE	1,600,000/=	ALL

Other charges

1	IDENTITY card	10,000	ALL	Once at the begin of first semester
2	Uniform	100,000	ALL	Once at the begin of semester
3	NACTE Quality Assurance and verification Fee	15,000	ALL	Every year at the begin of the first semester
4	Internal Examination	100,000	ALL	Every year at the begin of the first semester
5	Caution Money	50,000	ALL	Once at the begin of first semester
6	Hostel	90,000	ALL	Every year at the begin of the first Semester and at the begin of second semester
7	Sport and Game	10,000	ALL	At the begin of first semester
8	Medical Capitation (with no NHIF)	30,000	All students	At begin of first semester
TOTAL		405,000/=		

Training fee can be paid in installment basis as follows

B: PAYMENT MODE IN INSTALLMENTS

PAYMENTS SUMMARY		
FIRST SEMESTER	AMOUNT	PERIOD
First instalment	1,005,000/=	At the begin of 1 st semester
Second Instalment	2000,00/=	Two months after begin of 1 st semester
SUBTOTAL	1,205,000/	
SECOND SEMESTER		
Third instalment	500,000/=	At the begin of 2 nd semester
Fourth instalment	390,000/=	Two months after begin of 2 nd semester
SUB TOTAL	890,000/=	
TOTAL	2,095,000/=	

C: OTHER PAYMENTS DEPENDS WITH YOUR COURSE/PROGRAM AND YEAR OF STUDY

Field in pharmaceutical in Pharmaceutical Sciences, Medical Lab and Social Work.	250,000/	All students with field	Every year at the begin of the semester with Field
Supplementary/Special Examination	50,000/	All modules	After declaration of end of semester one results
Appeal	30,000/	Per module	Within 14 days after declaration of results
Procedure book	50,000/=	All students	Every year at the begin of the first semester

D: NATIONAL EXAMINATION FEE.

National Examination fee	150,000/=(subject to change depend with directive from NACTE)	ALL	At the begin of Every Second Semester
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NB: PAYMENTS FOR NATIONAL EXAMINATIONS FEE SHALL BE PAID IN MoHCDGE

PART 6: ACCOMMODATION

Students will be provided a room with bed but he/she is required to come with mattress.

PLEASE TAKE NOTE;

1. ALL MONEY PAID IS NON –**REFUNDABLE**; Make proper decisions before payments.
2. This fee structure is annual; hence the management reserves the right to change the fees structure at the end of each academic year.

PART 7: MODE OF PAYMENTS

All first installment payments shall be paid directly to our bank Account, at any branch of NMB BANK PLC,

Account Name: **KARAGWE INSTITUTE OF ALLIED HEALTH SCIENCES**

Account Number: **31910007550**

PART 8: DECLARATION

I..... (Name of Applicant),do
hereby declare that all information given in this form is correct to the best of my knowledge.

Signature of Applicant..... Date.....

FOR OFFICE USE ONLY

Application form has been received by the Admissions Office, KIHAS.

Name of Officer.....

Signature:..... Date:.....

Decision by the Admissions Committee:

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All inquiries and duly filled Applicant forms should be addressed to:-
Principal/Admission Officer,

Karagwe Institute of Health and Allied Sciences

P. O. Box 451,
Karagwe-Kagera, Tanzania.

Email: kiahskaragwe@gmail.com Website: www.kihaskaragwe.com

Also via WhatsApp number +255784480413 a duly filled application form with its attachments (birth certificate and form four certificate/result slip) in **ONE PDF FILE** can be submitted.

