PADRE PIO COLLEGE OF HEALTH AND ALLIED SCIENCES (PCoHAS)

P.O. Box 45801, Dar es salaam– Tanzania.
Mobile: +255 757 743547,+255 717 682586, +255 714 592 621
Website: www.pcohas.ac.tz E-mail: info@pcohas.ac.tz

STUDENT APPLICATION FORM

Attach three colored passport size photos (RECENTLY)

Please carefully read the Instructions before filling this application form)
Academic Year for which admission is sought(e.g.2018/2019):

CHOICE OF CERTIFICATE PROGRAMME

Programme Name	Programme Duration	
Technician Certificate in Clinical Medicine	**Two years**	

PROGRAMME:	QUALIFICATION:
Technician Certificate in Clinical Medicine	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology and Physics/Engineering Sciences A Pass in Basic Mathematics and English Language Is An Added Advantage.

Section 1: Applicant Details									(Please complete in BLOCK letter or typed)	
Last Name	First Name				Middle Name					
Date of birth					Nationality					
Gender	Male		Female		Marital status	Single		Married	No of children	
Do you consider yourself to have disability?	Yes		no		Do you have any criminal conviction?				Yes / No	
Permanent home address					Address for correspondence (if different from home address)					
City					City					
County					county					
Telephone					Telephone					
Email (please write your email clearly)					Email (please write your email clearly)					

Section2: Education Details *(your qualifications must demonstrate eligibility for the course, complete in BLOCK Letter type)*

List all academic qualifications that you have achieved primary, "O", "A" level grade or equivalent. Copies of

All relevant final transcripts must be attached with this application.

Qualification	From	To	School Name	Index no:	Grade/%Marks

PREVIOUS COLLEGE DETAILS

College/University name	From	To	COURSE STUDIED	AWARDED/ GPA

ADDRESS AND CONTACTS OF THEPREVIOUS COLLEGE

P. O. BOX:……
TEL: ……
MOBILE: ……
FAX:……
Email:……

Section3: Employment Details: *(Important if you are applying as a mature age entry).*

Please give details of positions held over the past 5 years, if you are applying as a mature–age or for admission as a postgraduate, provide detailed job descriptions on separate page and attach documentary evidence, e.g. reference letters from employers.

Employer name	Address	Position held	From	To

Section4: Accommodation *(tick√ if you need accommodation)* **YES** ☐ **NO** ☐

All residents are required to sign an accommodation tenant agreement form/contract before allocated to the room .In a room you will find a bed, mattress, table, chair and keys.

Section5: Finance

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

How will you finance your studies at PCoHAS? Family ☐ Employer ☐ Loan ☐ Savings ☐ Other ☐			
Parents/Guardians		**JobTitle**	
TelephoneNo.		**E-mail**	
Sponsor Declaration: I have agreed to finance the above-named application his/her studies at PCOHAS and agreed to release funds for tuition fees and living expenses as and when required. Signed:NameDate:_____			

Section6: Referees *(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

Section7: FeeStructure

All payments shall be paid to **Padre Pio Tanzania co Limited** Bank accounts at NMB Bank Plc

Account No: **20710036007**

- Bring bank pay-in slips to the college.
- The fees are payable in full or in two installments at the beginning of each academic year/semester.
- Upon Return of this form, bring the pay-in slip of the application fee of **Tshs30,000/=** Paid to Account No: **20710036007**

A:Tuition fee Per annum	
TECHNICIAN CERTIFICATE CLINICAL MEDICINE	**2,000,000** **FOREIGNERS USD 1082**

Fees should be paid **in full** at the beginning of each academic year or **in two equal installments** at the Beginning of each semester.

B: Other Charges/Payments		
DESCRIPTION	**DAY (TSHS)**	**HOSTEL(TSHS)**
Registration fee per semester	10,000	10,000
National Examination Fees	280,000	280,000
NACTE Quality Assurance and Verification Fee	15,000	15,000
Accommodation perannum	0	500,000
Medical fee per annum	60,000	60,000
Practicum Guide& Field attachment fee	160,000	160,000
Examination fee per year	150,000	150,000
Cautionmoney (paidonce)	100,000	100,000
Identity Card(paid once)	10,000	10,000
Students Union(PCoHASSO) Fee per annum	10,000	10,000
Book bank per year	50,000	50,000
Stationery per year	50,000	50,000
StudentUniform	100,000	100,000
Total cost to College	**995,000**	**1495,000**

Section8: Mode of Application .

Please attach the following into application form

1. Original bank pay-in slips
2. Photocopy of Birth Certificate
3. Photocopy of Academic certificates (Form four)
4. Three colored passport size photos

Application should be done directly to
The College Principal,
Padre Pio College of Health and Allied Sciences (PCOHAS)
P.O.Box45801,
DarEsSalaam

Mob: +255 757 743547/ +255 717 682586/ +255 714 592 621
Website: www.pcohas.ac.tz E-mail: info@pcohas.ac.tz

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Section9: DECLARATION

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I…… certify that the given above information is correct and I accept that I will be accountable for any false information given.

SIGNATURE…… DATE:……/……/…….