

KIGAMBONI CITY COLLEGE

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 STREET NAME: Amani Ngovu
 WARD: Somangira, Kigamboni
 P.O.BOX 36515 – Dar es salaam.

Professionalism. Competence. Discipline

APPLICATION FORM FOR ADMISSION TO ORDINARY DIPLOMA

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

Attach 4
 Recent
 Passport size

PART 1: CHOICE OF PROGRAMMES

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

S/N	Course offered Ordinary Diploma in	Entry Requirements	Indicate preference
1.	Clinical Medicine (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology and Chemistry.	
2.	Pharmaceutical Sciences (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry.	
3.	Medical Laboratory Sciences (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology, Chemistry and English.	
4.	Nursing and Midwifery (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Biology and Chemistry.	
5.	Ordinary Diploma in Physiotherapy (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with At Least four (4) Passes in non-religious Subjects including Biology, Chemistry and Physics/Engineering Sciences.	
6.	Ordinary Diploma in Clinical Dentistry (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with at least four (4) passes in non-religious subjects including Chemistry, Biology and Physics/Engineering Sciences	
7.	Ordinary Diploma in Radiography (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with D grade in Chemistry, Biology, Physics, Basic Mathematics and English Language	
8.	Social Work (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	
9.	Community Development (Three years)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects	

CONTACT: +255672454647, 0658616161, +255656734567, 0742999222, 0753589866

COLLEGE REGISTRATION NUMBER: REG/HAS/168

PART2:PERSONALINFORMATION

First Name	Middle Name	Surname	DateofBirth

Gender	StudentPhone Number	StudentEmailaddress
MaritalStatus	PhysicaldisabilityifAny	PostalAddress
Parent/CloseRelativeName	Parent/CloseRelativePhone Number	Relationship
Nationality	Region	District

PART3:EDUCATION BACKGROUND

	FormFOURIndex Numberi.e. (S0349-0005-2019ORP0346-0001-2021)	CompletionYear
FirstSit		
SecondSitifAny		
Third SitifAny		
NameofPrimarySchool		

FORUPGRADINGNTA5 AND6

CompletedCourse	NameoftheCollege	Registration Number	Year

Subject	Grade	Year	Subject	Grade	Year
Biology			History		
Chemistry			Kiswahili		
Physics			Civics		
Mathematics			Geography		
English					

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PART4: FEE STRUCTURE

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

A:TUITIONFEEANDOTHERPAYMENTDESCRIPTION

ITEM	AMOUNTIN(TSHS)	OTHER CHARGES	TOTAL
PHARMACEUTICALSCIENCE, CLINICAL MEDICINE, NURSING&MIDWIFFERY, PHYSIOTHERAPY, CLINICAL DENTISTRY,RADIOGRAPHY, MEDICAL LABORATORY	1,800,000/=	480,000/=	2,280,000
SOCIAL WORK AND COMMUNITYDEVELOPMENT	1,500,000/=	480,000/=	1,980,000
	700,000/=	300,000/=	1,000,000

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

Supplementary	50,000/=	Per module	After declaration of END OF SEMESTER 1 & 2 RESULTS
Special Examination	50,000/=	Per module	For Incomplete & Failed CA within a SEMESTER
Appeal	50,000/=	Per module	Within 14 days After declaration of END OF SEMESTER 1 & 2 RESULTS
Medical Capitation (with no NHIF)	50,000/=	All students	Every year at the begin of semester 1 Paid to NHIF Via Conrol Number
Graduation	50,000/=	Finalists	After Completion of Studies

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

Name.....Signed.....Date.....

PART6:STUDENTDECLARATION

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

SignatureofApplicant.....Date.....

INSTRUCTIONS:The duly filled application form should be submitted to admission office direct also via WhatsApp or online application before deadline 30th August

Attachments required are Copies of Birth Certificate/ (Affidavit) and Certificate of Secondary Education or Result Slip, Academic Transcript

Applicants are required to pay application fee **20000/=** and submit Bank Pay –In – Slip (should bear the name of applicant). Via **CRDB Bank Account Number: 0150467246500** or **NMB: 20710022028** Account Name: **Kigamboni City College.**

WhatsApp number 0655037363, 0672454647

KiCCoHASADMISSIONOFFICE DARESSALAAM → KIGAMBONI → MWEMBE MDOGO
Principal/AdmissionOfficer,

Email:admission@kiccohas.ac.tz or kigambonicitycollege@yahoo.com Website:www.kiccohas.ac.tz

Welcome to **KiCCoHAS**