



HEAD OFFICE

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Please attach
your photo
here

FORM NO:

NACTE REG.NO.REG/HAS/169

STUDENT APPLICATION FORM YEAR 2018/2019
(POST- SECONDARY)

SECTION 1: APPLICANT DETAILS (Please complete in BLOCK letters)

First Name					
Second Name					
Surname					
Date of birth					
Sex	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? If any disability; explain					Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Permanent Home Address			Address for Correspondence (If different from Home Address)		
Country			Country		
City/Region	Post Code		City/Region	Post Code	
Phone No			Telephone		
Email (<i>must be filled</i>)					

SECTION 2. ACADEMIC RECORD

2.1 Highest Examination passed:

'O' Level 'A' Level NTA- Level 4

2.2. Primary School _____ **District:** _____

2.3 'O' Level (Certificate of Secondary Education Examination – CSEE)

School _____ Year: _____ Exam NO: _____

S/No	Subject (s)	Grade	S/No	Subject(s)	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

2.4 College Name: _____

Course Studied: _____ Year: _____

SECTION 3: SELECTION OF COURSES

APPLY AS:

(Please Tick the appropriate intake)

1. Post – Secondary 2. Up – Grades

3. 1. ELIGIBILITY (CRITERIA), FEES AND COURSE CHOICES (POST-SECONDARY)

S/NO	Programme (Course) Name	Admission Requirements (Eligibility)	Fee Structure		Choice (√)
			Fee per Year	Fee per Semester	
1.	BASIC CERTIFICATE IN COMMUNITY HEALTH	Biology “D”, and any other three(3) “D” from any Subjects	1,800,000/=	900,000/=	
2.	NURSING	Chemistry “C”, Biology “C”, Physics “D”, English “D” Plus any other “D”	2,300,000/=	1,150,000/=	
3.	PHARMACERTICAL SCIENCES	Biology “D”, Chemistry “D”, plus any two “D” from any Subject.	2,300,000/=	1,150,000/=	
4.	HEALTH RECORDS	Chemistry “D”, Biology “D”, Mathematics “D”, English “D”	2,300,000/=	1,150,000/=	

NOTE:

- Working experience is not necessary.
- Application Fee is 50,000/= (Non-refundable) i.e 20,000/= for School registration and 30,000/= for NACTE registration.
- Unaweza lipa Ada kidogokidogo
- All payments Should be paid directly to the Bank Accounts bellow:
FSA MKOLANI SACCOS ACCOUNTS NO: 02091 (Hii benki ipo jirani na chuo)
NMB Bank Account NO 33410005183 Acc Name: Mkolani Foundation Health Sciences Institute
- After signing, send this application Form through our Email (mkolanifoundation@yahoo.com) or you can submit it at our Institute Mkolani Foundation Health Sciences Training Institute (MFHSTI) or Call +255 677 809 257

STUDENT DECLARATION:

I am applying for admission to MFHSTI. I understand that the decision to offer me a place rests with the Institute, and the decision of the Institute is Final. If I am offered and accept a place on the programme, I agree to abide by the rules and regulations of the Institute.

NAME: _____ SIGNATURE: _____ DATE: _____