



HEAD OFFICE

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FORM NO:

NACTE REG.NO.REG/HAS/169

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

Please attach
your photo
here

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.
- Fees are paid either per Semester or per year.
- All payments Should be paid directly to the Bank Accounts bellow:
FSA MKOLANI SACCOS ACCOUNTS NO: 02091 (Hii benki ipo jirani na chuo)
- 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)

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:** _____