



UNUNIO COLLEGE OF HEALTH AND ALLIED SCIENCES

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E-mail: ununiocollegeofhealthsciences@gmail.com

WEBSITE: www.ucohas.ac.tz

Attach three
passport size
photographs

COLLEGE NACTVET REGISTRATION NUMBER-REG/HAS/239

STUDENT JOINING FORM FOR ACADEMIC YEAR 2025/2026 (SEPTEMBER INTAKE)

Section 1: APPLICANT DETAILS (MAELEZO YA MUOMBAJI)		<i>Please Fill in BLOCK letters</i>	
First Name			
Second Name			
Surname			
Date of Birth			Nationality
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a criminal conviction	Yes <input type="checkbox"/> No <input type="checkbox"/>

Permanent Home Address (Anuani Ya Kudumu)		Address for Correspondence (If different from Home Address)	
City	Country	City	Country
Post Code		Post Code	Country
Telephone		Telephone	
Email			
Section 2: COURSE SELECTION			

<u>PROGRAMMES:</u>	<u>QUALIFICATION:</u>
<input type="checkbox"/> Certificate in Clinical Medicine N.T.A -5	<input type="checkbox"/> Clinical Assistant (C A)
<input type="checkbox"/> Diploma in Clinical Medicine N.T.A - 6	<input type="checkbox"/> Clinical Officer (CO)



Section 3: EDUCATION DETAILS / ENTRY QUALIFICATIONS (VIGezo VYA KUJIUNGA)

FOR CLINICAL MEDICINE PROGRAMME:

- **Certificate in Clinical Medicine;** Holders of Certificate of Secondary Education (CSEE) with Four Passes “D” including Physics/ Engineering Sciences , Chemistry and Biology except Religious subject.
- **Diploma in Clinical Medicine;** Holders of Certificate of Secondary Education (CSEE) with Four Passes “D” including Physics/ Engineering Sciences , Chemistry and Biology except Religious subject.

List all academic qualifications “O” “A” Level or equivalent transcripts attach

Qualification/Graduated Level	From	To	School / College/ University name	Remark/Division

Section 4: APPLICATION PROCEDURES (JINSI YA KUJIUNGA)

An applicant is advised to follow these procedures: -

- A. Through online www.ucohas.ac.tz Email: ununiocollegeofhealthsciences@gmail.com**
- Necessary and required certificates (Scan and send to us through email)
 - 15,000/= Tsh application fee. Payments are to be made at the bank, scan your bank slip and send through our email address.
 - 3 recent passport size (Still picture)
 - You can download your application form online through our website keep it till your reporting day
- B. Direct contact or visit the college.**
- Visit UCoHAS located at UNUNIO near Ununio Islamic High School.
 - Bring your Tsh 15,000/=, 3 passport size and certificates
 - After direct communication you will be given a joining form.



Section 5: EMPLOYMENT DETAILS (TAARIFA ZA AJIRA): Important if you are applying as a mature Entrant student.

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

Employer name	Address	Position	From	To

Section 6: REFEREES (WADHAMINI) Fill in BLOCK letters

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

Section 7: FINANCES

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

How will you finance your studies at UCoHAS? Family Employer Loan Savings Other

Parents/Guardians		Job Title	
Telephone No.		E-mail	

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

Signed: _____ Name _____ Date: _____



Section 8: FEE STRUCTURE & OTHER PAYMENTS (MFUMO WA ADA NA MALIPO MENGINE)

All payment should be paid in College Accounts **UNUNIO COLLEGE OF HEALTH AND ALLIED SCIENCES (UCoHAS)** Bank account at **Kenya Commercial Bank (KCB) Account No. 3390822682)**
Or **CRDB BANK Account No. 0150818942100 UNUNIO COLLEGE OF HEALTH AND ALLIED SCIENCES (UCoHAS)**

The Annual fees is **1,600,000/-** whereby **1,000,000/-** will be paid by the student and **600,000/-** will be sponsored by UMST until further notice. The fees is are payable in full or in Four installments at the beginning of each academic year / semester ;)
(1st Installment Tsh 400,000 October, 2nd Installment Tsh 200,000 January, 3rd Installment Tsh 200,000 April and 4th Installment Tsh 200,000 June.)

1: DIPLOMA IN CLINICAL MEDICINE - (N.T.A LEVEL 4, 5 & 6)

DESCRIPTION	ANNUAL FEES	
Registration / Application Fee	15,000.00	
Annual Tuition Fees	1,000,000.00	
College ID Card	15,000.00	
School Uniform	65,000.00	
Caution Money	50,000.00	
Hostel Utilities (Electricity, Water, Security and Sanitation)	280,000.00	
NHIF	50,400.00	
Internal Examination & Stationery	200,000.00	
National Examination (Ministry of Health Examination)	150,000.00	
NACTE Quality Assurance	20,000.00	
Practicum guide and Procedure Book	20,000.00	
Hospital Practical Fees	300,000.00	
College Logo (one piece)	5,000.00	
Student's Government Fee	20,000.00	
TOTAL =	2,190,400.00	

2. FOR REPORTING DAY, PLEASE BRING WITH YOU THE BANK PAY SLIP FOR THE FOLLOWING PAYMENTS;

DESCRIPTION	AMOUNT	
Registration / Application Fee	15,000.00	
Tuition Fees (First Installment)	400,000.00	
College ID Card	15,000.00	
School Uniform	65,000.00	
Caution Money	50,000.00	
Hostel Utilities (Electricity, Water, Security and Sanitation)	140,000.00	
NHIF	50,400.00	
Internal Examination & Stationery	100,000.00	
NACTE Quality Assurance	20,000.00	
Practicum guide and Procedure Book	2,000.00	
Hospital Practical Fees	150,000.00	
College Logo (one piece)	5,000.00	
Student's Government Fee	20,000.00	
TOTAL	1,050,400.00	

Other payment depending on examination regulation may be needed / arises. - National Examination (Ministry of Health Examination)
Supplementary fees (Kurudia Mtihani Tsh 200, 000/



Section 9: ACCOMODATION (MALAZI)

YES

NO (tick ✓)

All residents are required to sign an accommodation agreement / contract before allocated to the room.

During your stay bring: -

- i) 2 pair of bed sheet
- ii) Mattress 3x6
- iii) 1 pair of pillow cases
- iv) 1 Towel & snickers
- v) 1 Mosquito net
- vi) 1 bucket

Section 10: COLLEGE UNIFORMS (SARE ZA CHUO)

All uniforms for **students of Pharmaceutical Science** are available at the college campus and should be paid by cash during registration.

MALES:

- i. Khaki trouser Tshs 20,000/-
- ii. White shirt Tshs 15,000/-
- iii. Long sleeved Clinical coat Tsh 30,000/-

FEMALES:

- i. Heavy white dress with Khaki label on shoulder Tshs 35,000/-
- ii. Long sleeved Clinical coat Tshs 30,000/-
- iii. **Full trouser and gown/Hijabu for Tsh 75,000/-**

NB: Jeans materials are not allowed in classes and during clinical/practical duties in hospitals.
Students should wear Black shoes during class, practical/Clinical sessions hours.



Section 11: MEDICAL EQUIPMENTS / INSTRUMENTS FOR PHARMACEUTICAL COURSE

Sphygmomanometer, Patella hummer, Stethoscope, Tape measure, Penlight.

Section 12: MEALS (CHAKULA)

The college has student's cafeteria

Each student is advised to have enough pocket money for his/her daily meals consumption during all the time of the particular course. (Within or out of the College Camp



Section 13: DOCUMENTS REQUIRED (NYARAKA ZINAZOHITAJIKA)

BRING WITH YOU

<p>1. This application form (mandatory)</p> <p>2. Latest academic transcripts/ certificates (Mandatory) from highest qualification only</p> <ul style="list-style-type: none">- Bring unexpired, both original and legal certified copies.	<p>3. Three passport-size photo of student Attach to front of this application</p> <p>4. Fees Bank Slip</p> <p>Please note: Students are required to bring their original documents on Registration Day.</p>
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Section 14: TERMS AND CONDITIONS (VIGZO NA MASHARTI)

1. I am responsible for familiarizing myself with and abiding by all College student policies, as listed in the Admissions.
2. I agree to meet all assessment and exam requirements as stipulated by the College.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance shall not be below of 90% throughout the duration of the course. I understand that if classroom attendance is Not maintained at the minimum level then, after three warnings, I can be excluded from further Studies at the College and my parents/guardian, sponsor will be informed in writing.
4. No refunds will be given for any payment made after commencement of studies.
5. In agreeing to abide by this declaration I undertake to pay all college fees as stipulated in the fees structure and to meet any late fees and collection charges.
6. I agree to meet my financial obligations to the College in full and by the due date provided to me as detailed in my payment plan. I understand that I will not be permitted to enroll, sit for exams or graduate if I fail do so.
7. I hereby state that the information I have provided to the College is true and factual and that no Information which would have a material bearing on this application has been withheld. I understand that the College will take action if it considers appropriate if subsequently it is found that part or all of the information provided is false.

Student Declaration: (KIAPO CHA MWANAFUNZI)

I am applying for admission to UCoHAS. I understand that the decision to offer me a place rests with the college, and the decision of the College is final. If I am offered and accept a place on the program, I agree to abide the rules and regulations of the College.

Name: _____ Signature: _____ Date: _____



Section 15: UCoHAS DECISION ON STUDENTS ADMISSION

For official use

The said applicant by the name above is registered and selected to join the program of (Tick)

1) Clinical Medicine for (i) Certificate (NTA LEVEL 5) (ii) Diploma (NTA LEVEL 6)

Commencing on: - Day of Year

Section 16 College Registration Details (TAARIFA ZA USAJILI WA CHUO)

Unio College of Health and Allied Sciences (UCoHAS) is Registered by both: -

The National Council for Technical and Vocational Education and Training (NACTVET) and Ministry of Health, Community Development, Gender, Elderly and Children.

For / Principal:

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UNUNIO COLLEGE OF HEALTH AND ALLIED SCIENCES

(Official stamp)