

ST. DAVID COLLEGE OF HEALTH AND ALLIED SCIENCES

P.O BOX 6100
 DAR-ES-SALAAM
 Website: www.stdavidcollege.ac.tz
 Email: stdavidcohas@gmail.com
Mobile: 0652719171/ 0787747815



Physical address:
 Plot No. 553, Block C Upendo, saranga.
 Kimara Temboni-Kimara
 Old MOA schools area

STUDENT APPLICATION FORM

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

Attach three
 colored
 passport
 size
 photos

CHOICE FOR CERTIFICATE & DIPLOMA PROGRAMMES

In the table below indicate your PROGRAM CHOICE according to your preference.

Programme Name	Programme Duration	Choice of programme
Diploma in Clinical Medicine	Three Years	
Certificate in Clinical Medicine	Two years	

Tick \checkmark to be admitted into another programme in case your preferable choices are full.

Section 1: Applicant Details (Please complete in BLOCK letters 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 a disability?			Yes	No	Do you have a criminal conviction?		Yes	No
Permanent Home Address								
City								
Country								
Telephone								
Email			<i>(Please write your e-mail address clearly)</i>					

Section 2: Education Details (your qualifications must demonstrate eligibility for the course, complete in BLOCK letters or 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 THE PREVIOUS COLLEGE

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

Section 3: 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 post graduate, provide detailed job descriptions on separate page and attach documentary evidence, e.g. reference letters from employers.

Employer name	Address	Position held	From	To

Section 4: 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.

Section 5: Finance

Indicate how you intend to finance your studies and your living expenses.

How will you finance your studies at ST. DAVID? 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 ST. DAVID COLLEGE and agreed to release funds for tuition fees and living expenses as and when required.

Signed: _____ Name _____ Date: _____

Section 6: Referees

(Please compete 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

Section 7: Fee Structure

School fees payments shall be paid to **ST. DAVID COLLEGE OF HEALTH AND ALLIED SCIENCES** Bank accounts at NMB Bank.

TUITION FEE: ST. DAVID Tuition, Account No. **22510038630**

Bring bank pay - in slips to the college.

The fees are payable in full or in four installments at the beginning of each academic year / semester.

- Upon Return of this form, bring the pay-in slip of the application fee of **Tshs 30,000/=** Paid to ST. DAVID, Account No. **22510038630 NMB Bank**

A: Tuition fee Per annum

ORDINARY DIPLOMA IN CLINICAL MEDICINE	TShs 1,800,000/= (foreigners) USD 890
TECHNICIAN CERTIFICATE IN CLINICAL MEDICINE	

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

Direct admission costs		
DESCRIPTION	DAY (TSHS)	HOSTEL (TSHS)
Registration fee per semester	20,000	20,000
NACTE Quality Assurance and Verification Fee	15,000	15,000
Health insurance per annum	60,000	60,000
Internal Examination fee per year	50,000	50,000
Caution money (paid once)	30,000	30,000
Stationery	45,000	45,000
Identity Card (paid once)	10,000	10,000
Direct admission costs to College	230,000	230,000
Other Charges/Payments		
Student Uniform	100,000	100,000
NATIONAL examination	150,000	150,000
Practicum Guide & Field attachment fee	150,000	150,000
Accommodation per annum	0	360,000
	400,000	760,000

Section 8: 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, ST. DAVID College of Health and Allied Sciences (ST. DAVID COHAS)

Mob: 0652719171 / 0787747815

Website: www.stdavidcollege.ac.tz E-mail: stdavidcohas@gmail.com

Section 9: DECLARATION

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

SIGNATURE.....

DATE:/...../.....