

DECCA COLLEGE OF HEALTH AND ALLIED SCIENCES (DECOHAS)

P. O. Box 372, CCT, Dodoma – Tanzania Tel/Fax: +255 26 2322357, Mob: +255 674 102 102/+255 673 102 102 Website: <u>www.decohas.ac.tz</u>, E-mail: <u>dpfa@decohas.ac.tz</u>

STUDENT APPLICATION FORM

(Please Carefully read the Instructions before filling this application form) Academic Year for which admission is sought (e.g. 2024/2025): Attach three

colored passport size photos

CHOICE OF CERTIFICATE & DIPLOMA PROGRAMMES

In the table below Indicate your FIRST, SECOND & THIRD CHOICE according to your preference.

Programme Name	Programme	Choice of programme
	Duration	(1st choice, 2nd Choice, 3rdChoice)
Eg. Diploma in Nursing and Midwifery	Three	FIRST CHOICE
	years	
Certificate in Clinical Medicine	Two years	
Certificate in Medical Laboratory	Two Years	
Certificate in Nursing and Midwifery	Two Years	
Certificate in Pharmaceutical Sciences	Two Years	
Certificate in Social Work	Two Years	
Diploma in Clinical Medicine	Three Years	
Diploma in Clinical Medicine (NTA LEVEL 6)	One Year	
Diploma in Medical Laboratory	Three Years	
Diploma in Medical Laboratory (NTA LEVEL 6)	One Year	
Diploma in Nursing and Midwifery	Three Years	
Diploma in Nursing and Midwifery (NTA LEVEL 6)	One Year	
Diploma in Pharmaceutical Sciences	Three Years	
Diploma in Pharmaceutical Sciences (NTA LEVEL	One year	
National Vocational award level 1, 2&3 of		
Laboratory Assistant	Three Years	
Diploma in Social Work	Three Years	

tick $\sqrt{}$ to be admitted into another programme in case your preferable choices are full

Section 1: Ap	oplicant De	tails		(Please	complet	e in BLOCK let	ters or typeo	1		
First Name										
Last Name						Middle name	e			
Date of Birth						Nationality				
Gender	Male	Female	Marital	Status	5	single	Married	No. of		
								Childr	en	
Do you consider y	ourself to	have a dis	ability?	Yes	No	Do you have	a criminal		Yes	No
						conviction?				
Permanent Home	Address			Addr	ess for	Corresponden	ce (If differ	rent fror	n Hon	ne
City				City						
Country				Coun	ntry					
Telephone				Telep	ohone					
Email				Pleas	e write y	your e-mail add	lress clearl	v		

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	То	School Name	Index no:	Grade / % Marks

PREVIOUS COLLEGE DETAILS (For upgrading)

College/University name	From	То	COURSE STUDIED	AWARDED/GPA

ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE

O BOX:	
EL:	
10BILE:	
AX:	
mail:	

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	То

Section 4: Accommodation (tick \sqrt{i} if you need accommodation)	YES	NO	
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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 in Dodoma.								
How will you finance your studies at DECOHAS? Family Employer Loan Savings Other								
Parents/Guard	ians	Job Title						
Telephone No.		E-mail						
		e agreed to finance the above named applicant i aition fees and living expenses as and when requ						
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

All payments shall be paid to **DECOHAS** Bank accounts at CRDB Bank Plc.

TUITION FEE: DECOHAS Tuition, Account No. 0150222135400

OTHER PAYMENTS: DECOHAS Miscellaneous, Account No. 0150222135500

- Bring bank pay in slips to the college.
- The fees are payable in full or in two 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 DECOHAS Miscellaneous, Account No. 0150222135500

Note: All payments other than Tuition fees should be paid to the DECOHAS Miscellaneous Account number stated above

A: Tuition fee P	er annum
MEDICAL LABORATORY SCIENCES	
CLINICAL MEDICINE	TShs 1,600,000/=
NURSING AND MIDWIFERY	(foreigners USD 950)
PHARMACEUTICAL SCIENCES	
SOCIAL WORK	TSh1,200,000/=
LABORATORY ASSISTANT	TSh1,000,000/=
	(foreigners USD 560)

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

B: Other Charges/Payments FOR CMT, MLT, PST & NMT					
DESCRIPTION	DAY (TSHS)	HOSTEL (TSHS)			
Registration fee per semester	10,000	10,000			
National Examination Fees	280,000	280,000			
NACTVET Quality Assurance and Verification Fee	35,000	35,000			
Accommodation per annum	0	400,000			
Medical fee per annum	60,000	60,000			
Practicum & Field Attachment Fee	160,000	160,000			
Examination fee per year	100,000	100,000			
Caution money (paid once)	100,000	100,000			
Identity Card (paid once)	10,000	10,000			
Students Union (DECOHASSO) Fee per annum	20,000	20,000			
Student Uniform	100,000	100,000			
Meals	0	1,500,000			
Total cost to College	875,000	2,775,000			

NB: Learning kit 120,000/= for CMT and NMT

TPH (Tanzania Pharmaceutical Hand Book) 50,000/= for PST

C: Other Charges/Payments FOR SOCIAL WORK AND LAB ASSISTANT					
DESCRIPTION	DAY (TSHS)	HOSTEL (TSHS)			
Registration fee per semester	10,000	10,000			
National Examination Fees	280,000	280,000			
NACTVET Quality Assurance and Verification Fee	35,000	35,000			
Accommodation per annum	0	400,000			
Medical fee per annum	60,000	60,000			
Field attachment fee	100,000	100,000			
Examination fee per year	100,000	100,000			
Caution money (paid once)	100,000	100,000			
Identity Card (paid once)	10,000	10,000			
Students Union (DECOHASSO) Fee per annum	20,000	20,000			
Student Uniform	100,000	100,000			
Meals	0	1,500,000			
Total cost to College	815,000	2,435,000			

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
- 5. Transcript/recommendation letter/certificate of council (for NTA LEVEL 6)

Application should be done directly to the College Principal, DECCA College of Health and Allied Sciences (DECOHAS) P. O. Box 372, Dodoma Tel/Fax: +255 26 2322357, Mob: +255 0763 102 102 / 0674 102 102 Website: www.decohas.ac.tz E-mail: decohas@gmail.com

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

SIGNATURE.....

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