



DECCA COLLEGE OF HEALTH AND ALLIED SCIENCES (DECOHAS)

P. O. Box 372, Dodoma – Tanzania.
Tel/Fax: +255 26 2322357, Mob: +255 0763 102 102/ 0674 102 102
Website: www.decohas.ac.tz E-mail: decohas@gmail.com

Attach three
colored
passport
size
photos

STUDENT APPLICATION FORM

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

Academic Year for which admission is sought (e.g. 2017/2018):

CHOICE OF CERTIFICATE & DIPLOMA PROGRAMMES

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

Programme Name	Programme Duration	Choice of programme (1 st choice, 2 nd Choice, 3 rd Choice)
<i>Eg. Diploma in Nursing</i>	<i>Three years</i>	<i>FIRST CHOICE</i>
Diploma in Medical Laboratory	Three Years	
Diploma in Medical Laboratory (NTA LEVEL 6)	One Year	
Diploma in Clinical Medicine	Three Years	
Diploma in Clinical Medicine (NTA LEVEL 6)	One Year	
Diploma in Nursing	Three Years	
Certificate in Medical Laboratory	Two Years	
Certificate in Clinical Medicine	Two years	
Certificate in Nursing	Two Years	
Pharmaceutical Sciences	One Year	
Community Health workers	One Year	

tick ✓ 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			Address for Correspondence (If different from Home Address)					
City			City					
Country			Country					
Telephone			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 in Dodoma.

How will you finance your studies at DECOHAS? 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 DECOHAS 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

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 Per annum

MEDICAL LABORATORY SCIENCES	TShs 1,600,000/= (foreigners) USD 950
CLINICAL MEDICINE	
NURSING AND MIDWIFERY	
PHARMACEUTICAL SCIENCES	TShs 1,200,000/= (foreigners) USD 650
COMMUNITY HEALTH	

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		
DESCRIPTION	DAY (TSHS)	HOSTEL (TSHS)
Registration fee per semester	10,000	10,000
National Examination Fees	280,000	280,000
NACTE Quality Assurance and Verification Fee	35,000	35,000
Accommodation per annum	0	400,000
Medical fee per annum	60,000	60,000
Practicum Guide & 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	10,000	10,000
Meals	0	1,500,000
Total cost to College	765,000	2,665,000

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
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 / 0785 558 199

Website: www.decohas.ac.tz E-mail: decohas@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:/...../.....