



DECCA COLLEGE OF HEALTH AND ALLIED SCIENCES (DECOHAS)

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STUDENT APPLICATION FORM

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

Academic Year for which admission is sought (e.g. 2026/2027):

REG/HAS/142 and REG/HAS/183.

Attach three
colored Passport
size photo

CHOICE OF CERTIFICATE & DIPLOMA PROGRAMMES

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

Programme Name	Abbreviation	Programme Duration (One Year, Two Year, Three Year)			Choice of programme (First choice, Second choice, Third choice)
		One Year	Two years	Three Years	
<i>Eg. Clinical Medicine</i>	CMT				FIRST CHOICE
Clinical Medicine	CMT				
Nursing and Midwifery	NMT				
Medical Laboratory Sciences - (GOVERNMENT- HESLB LOAN)	MLT				
Pharmaceutical Sciences	PST				
Health Records and Information Technology - (GOVERNMENT- HESLB LOAN)	HRIT				
Animal Health and Production - (GOVERNMENT- HESLB LOAN)	AHP				
Agriculture Production – (GOVERNMENT- HESLB LOAN)	APT				
Veterinary Laboratory Technology - (GOVERNMENT- HESLB LOAN)	VLT				
Food Technology and Human Nutrition - (GOVERNMENT- HESLB LOAN)	FTHN				
Science and Laboratory Technology - (GOVERNMENT- HESLB LOAN)	LST				
Community Development	CDT				
Urban and Regional Planning (GOVERNMENT- HESLB LOAN)	URP				
Social Work	SW				
Laboratory Assistant	LA				

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)						
First Name								
Last Name				Middle name				
Date of Birth				Nationality				
Gender	Male	Female	Marital Status	single	Married			
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				

Section 2: Education Details and *(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
Level	From	To	Course Name	Registration no:	Last semester

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

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 4: Finance

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

How will you finance your studies at DECOHAS? Family <input type="checkbox"/> Employer <input type="checkbox"/> HESLB <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>			
Parents		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: _____			

I. TUITION FEES FOR 2026/2027

A. TUITION FEE PER ANNUM	
COURSE	AMOUNT
Clinical Medicine	TShs 1,600,000/=
Nursing and Midwifery	
Medical Laboratory Sciences	
Pharmaceutical Sciences	
Health Records and Information Technology	TShs 1,400,000/=
Animal Health and Production	
Agriculture Production	
Veterinary Laboratory Technology	
Food Technology and Human Nutrition	
Science and Laboratory Technology	
Community Development	
Urban and Regional Planning	
Social Work	TShs 1,200,000/=
Laboratory Assistant	

B: OTHER CHARGES/PAYMENTS PER ANNUM		
	FOR CMT, MLT, PST, HRIT, NMT	FOR AHP, AP, FTHN, VLT, FTHN, LST, LA, URP,SWT, CDT
DESCRIPTION	AMOUNT (Tshs)	AMOUNT (Tshs)
Application form	30,000	30,000
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
Hostel per Year	400,000	400,000
Medical Examination Form	10,000	10,000
Medical fee per Year	60,000	60,000
Practicum &Field Attachment Fee	160,000	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 (DECOHASO) Fee per Year	20,000	20,000
Student Uniform	150,000	150,000
NB: FOR LABORATORY ASSISTANT, NATIONAL EXAMINATION FEE IS TShs. 100,000		
:FOR URBAN AND REGIONAL PLANNING NO STUDENT UNIFORM REQUIRED		
TOTAL	1,365,000/=	1,305,000/=

I. MODE OF PAYMENTS

All payments shall be paid through Account Number or Control Number;

DECOHAS Account's Number For payments
TUITION FEES

Account Name: DECOHAS Tuition Fees Account

Number: 0150222135400

Bank Name: CRDB

OTHER PAYMENTS

Account Name: DECOHAS Miscellaneous Account Account

Number: 0150222135500

Bank Name: CRDB

NOTE:

- i. Bring original bank pay - in slips upon arriving to the college.
- ii. The fees are payable in full or in Three or Four installments at the beginning of each academic year /semester.
- iii. All control numbers will be issued at the College.
- iv. Upon return of this form, bring the application fee (30,000/=) pay-in slip
- v. The following should be attached with the duly filled application form;
 - a. Photocopy of Birth Certificate
 - b. Photocopy of Certificate Secondary School Education Examination
 - c. Three colored passport size photos

II. REQUIREMENTS FOR PAYMENTS OF SCHOOL FEES AND OTHER CHARGES

- i. Tuition fees: Payment should be paid **in full** at the beginning of each academic year or **in Two installments made at the beginning of each semester**
- ii. Hostel charges should be paid **in two installments** at the beginning of each semester.
- iii. Fees once paid will not be refunded if a student withdraws from/or leaves the College without p r i o r permission from the Principal or is disqualified due to academic ground s or disciplinary issues.
- iv. Refund policy: **Fifty Percent (50%)** of Tuition Fees may be refunded if a student notifies the Principal to withdraw from the college within the first four weeks the beginning of the academic year.

- v. Payment by Cheque, International Money Orders (IMO) etc is accepted prior to clearance by the bank.
- vi. There is no any payment through mobile money services. The College has no agents for fees or any other charges collection.
- vii. The bank original pay-in-slip should be submitted to the college accountant or cashier for receipt/acknowledgement.

NOTE: We strongly advise parents/guardians to pay through bank accounts and give their students a pay in slip

PARENTS/GUARDIAN DECLARATION

I..... **(Parent/Guardian/Sponsor)** agree to comply with all College rules and regulations and I hereby promise to fully collaborate with the College Management in assisting a student to abide to the College’s rules and regulations.

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