



MUSIKA COLLEGE OF HEALTH SCIENCES

P.O. Box 65158, SALASALA – MBEZI BEACH

Mobile: 0784 615 663

Attach three
passport size
photographs

FORM NO: 3

COLLEGE REG. NUMBER - REG/NACTVET/1188P

Section 1: APPLICANT DETAILS (MAELEZO YA MUOMBAJI)

Please complete in BLOCK letters or type

STUDENT REGISTRATION FORM YEAR 2025/2026 (SEPTEMBER INTAKE)

This form can be typed or handwritten.

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"/>	No. of Children	
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	<i>Please write your e-mail address clearly</i>						

Section 2: COURSE SELECTION (CHAGUA KOZI) MWAKA WA MASOMO 2024/2025

<u>PROGRAMMES (PROGRAMU/KOZI ZA AFYA)</u>	<u>QUALIFICATION (KUFUZU)</u>
(i) Diploma in Medical Laboratory Technology NTA – 6	(i) Laboratory Technician
(ii) Diploma in Clinical Dentistry NTA – 6	(ii) Dental Therapist
(iii) Diploma in Diagnostic Radiography NTA – 6	(iii) Radiography Technician
JAZA / CHAGUA KOZI:	

Section 3: ACADEMIC QUALIFICATIONS

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

Qualification	From	To	School / College/ University name	Grade / % Mark

Section 4: UNIFORM

Medical Laboratory, Clinical Dentistry Courses.

Males: Coat 35,000/=; Khaki Trouser 25,000/=; White Shirt 18,000/=

Female: White dress 35,000/=, Coat 35,000/= or Full trouser and gown/Hijabu 60,000/=

Diagnostic Radiography Courses:

Males: Blue Trouser 25,000/=; White Shirt 18,000/= **Female:** Dark Blue skirt 25,000/=; White shirt 18,000/=

Section 5: MEDICAL EQUIPMENTS / INSTRUMENTS:

Programs:

Will be instructed during training sessions

Section 6: MEDICAL STATUS / REPORTS (TAARIFA YA KIAFYA)

- Do you have long term injury, specific learning disability, chronic illness or mental health condition (tick)

Yes No

If yes; please specify Mobility Vision Hearing Speech

Other please specify (infections, congenital diseases etc)

Supported by authorized physician (doctor) comments: - The applicant is / is NOT physically and mentally fit.

Dr's Name: _____

Dr's Signature: _____

Section 7: FEES STRUCTURES & PAYMENT (MFUMO WA ADA NA MALIPO)

All payments shall be paid directly to:

- CRDB Bank - Account No: **0150667501000**; Account Name: KAM Musika Hospital

Bring bank slips to the college.

- Registration Fee Tsh. 20,000/=
- **TOTAL ANNUAL FEES** are payable in full or in Three installments (1st Installment at the beginning of academic year, 2nd Installment January 2026 before end of semester I and 3rd Instalment on April 2026 at the beginning of semester II.

1: CERTIFICATE & DIPLOMA - DIRECT ENTRY (N.T.A LEVEL 4, 5 & 6)
(Medical Laboratory, Clinical Dentistry and Diagnostic Radiography)

DESCRIPTION	1 ST INSTALLMENT	2 ND INSTALLMENT	3 RD INSTALLMENT
Annual Tuition fees (2,300,000/=)	800,000:00	750,000:00	750,000:00
Quality Assurance Fee (Mandatory)	20,000:00		
Total Annual Fee and Quality Assurance Fee (2,320,000/=)	820,000:00	750,000:00	750,000:00

MALIPO YA MALAZI NA CHAKULA NI HIARI YA MWANAFUNZI SIO LAZIMA

- ✓ Accommodation per annual (500,000/=) and Meal per annual (1,488,000/=) are payable in full or in two installments at the beginning of each academic year / semester. (Meal and Accommodation is option)
- ✓ Field work / Clinicals (All Programs) Tshs. 50,000/= per semester
All payment to be paid through bank account.

2: Ministry of Health Examination fee

Annual Examination fee: (Malipo ya Mtihani wa Wizara kila Mwaka) 150,000/=
(do not pay on college accounts) Malipo haya Wizara inatoa *Control Number* kwa Chuo

Other payment pending on examination regulation may be needed / arises.

- National Examination Supplementary fees (Kurudia Mtihani 250,000/-) should be paid in bank account

Section 8: DOCUMENTS REQUIRED (NYARAKA ZINAZOHITAJIKA)

Bring with you

1. This application form (mandatory)	3. Three passport-size photo of student Attach to front of this application
2. Latest academic transcripts / certificates copy (mandatory) from highest qualification only	4. Bank Slips
• Bring a copy of legal certificate and certified.	5. One Ream of Paper (Double "A" Ream Paper)

Section 9: PROGRAM WITH LOAN BOARD (BODI YA MIKOPO) – HESLB

- Clinical Dentistry, Medical Laboratory and Diagnostic Radiography – Apply through loan board (www.hwslb.go.tz)

Section 10: BIMA - NHIF

Every student advised to have health insurance

Section 11: TERMS AND CONDITIONS (VIGezo 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 stipulates by the College.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is minimum of 85% 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, including sponsor overpaid school fees.
5. In agreeing to abide by this declaration I undertake to pay all fees as they become due 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 MCH. 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 programme. I agree to abide the rules and regulations of the College.

Signed: _____ Name: _____ Date: _____

For /Principal

Official Stamp.....