

City College of Health and Allied Sciences



Education, Excellence, Employment

Web: www.accohas.ac.tz | Tell +255763 400 200 | +255 688 332 222

P.O.Box 14587 Arusha, Street Olkereyan Njiro Arusha City, Plot No. 156

JOINING INSTRUCTION FOR ACADEMIC YEAR 2022

RE: ADMISSION TO CLINICAL MEDICINE, PHARMACEUTICAL SCIENCES AND MEDICAL LABORATORY SCIENCES COURSE 2021 ACADEMIC YEAR

BASIC REQUIREMENTS FOR SPECIFIC COURSES

A. ADMISSION TO DIPLOMA IN CLINICAL MEDICINE and NURSING

- 1 Blood pressure machine
- 1 Stethoscope
- 1 Thermometer
- 1 Examination torch
- 1 Tape measure
- Calculator
- Two White coat

B. ADMISSION TO DIPLOMA IN PHARMACEUTICAL SCIENCES

- Calculator
- Two white coats

C. ADMISSION TO DIPLOMA IN MEDICAL LABORATORY

- Two pairs of White Clinical Coats for both males and females
- Calculator

GENERAL REQUIREMENTS FOR ALL COURSES

On arrival at ACCoHAS, report at the office of the Registrar with the followings

1. Admission letter to ACCoHAS
2. Dully filled form of Medical Examination Form
3. Original Certificates of Secondary School Education
4. Birth certificate/Affidavit
5. Travel Passports for foreigners
6. Four recent colored passport size
7. Original Bank Pay-in-Slip for Tuition Fees and other charges

Warning: it is criminal offence to submit false information/certificates

1. COLLEGE UNIFORM .

FEMALE.

Two white gowns.

Note. It must be below knees (Decent one)

Flat white or black shoes. (Open shoes or sandals are not allowed) Note:

Jeans style is not allowed.

MALE

Two white shirts preferred short sleeves.

Khaki colored two pairs of trousers. (Cotton materials)

Note: Jeans style is not allowed

Black or brown leather shoes. (Open shoes/ sandals are not allowed during class hours)

2. REQUIREMENTS FOR BOARDING/HOSTEL

- Mattress dimension (2.5×6)
- 1 blanket
- 4 bed sheets
- 1 pillow + 2 pillow cases
- 1 mosquito net
- 2 buckets

3. REQUIREMENTS FOR PAYMENTS OF SCHOOL FEES AND OTHER CHARGES

- Fees should be paid **in FULL** at the beginning of each academic year or **in FOUR** Installments.
- Fees once paid will not be refunded if a student withdraws or leaves the College without permission from the Principal or is disqualified in examination or dismissed for indiscipline.
- Payment by cheque, International Money Orders (IMO) etc. is accepted prior to clearance by the bank.
- Fees must be paid through the college bank account
- Payment by M-Pesa, Tigo Pesa, and Airtel Money should use control number

PART 5: FEE STRUCTURE

Successful applicants will be required to pay Training fee as follows:

A: TUITION FEE AND OTHER PAYMENT DESCRIPTION

S/N	ITEM	AMOUNT IN (TSHS)	RESPONSIBLE
A	TUTION FEE	1,800,000/=	Clinical medicine, medical laboratory and Pharmaceutical Sciences
	TUTION FEE	1,000,000/=	Social work &Community Development

OTHER CHARGES

1	IDENTITY card	10,000	ALL	Once at the begin of first semester
2	Students Union	10,000	ALL	Every year at the begin of the year
3	NACTE Quality Assurance and verification Fee	35,000	ALL	Every year at the begin of the first semester
4	Local Examination	200,000	ALL	Every year at the begin of the first semester
5	Caution Money	30,000	ALL	Once at the begin of first semester
6	Stationary	50,000	ALL	Every year at the begin of the first Semester
7	Registration Fee	85,000	ALL	At the begin of first semester
8	Medical Capitation (with no NHIF)	60,000	All students	At begin of first semester
9	Hostel Utility	100,000	ALL	Once at the begin of first semester
TOTAL		580,000/=		

B: PAYMENT MODE IN INSTALLMENTS

PAYMENT AMOUNT SUMMARY			
FIRST SEMESTER	CLINICAL MEDICINE, MEDICAL LABORATORY & PHARMACY	PERIOD	SOCIAL WORK & COMMUNITY DEVELOPMENT
First instalment	650,000/=	At the begin of 1 st semester	395,000/=
Second instalment	540,000/=	Two months after begin of 1 st semester	395,000/=
SUBTOTAL	1,190,000/		790,000/
SECOND SEMESTER			
Third instalment	650,000/=	At the begin of 2 nd semester	395,000/=
Fourth instalment	540,000/=	Two months after begin of 2 nd semester	395,000/=
SUB TOTAL	1,190,000/=		790,000/
TOTAL	2,380,000/=		1,580,000/=

C: OTHER PAYMENTS DEPENDS WITH YOUR COURSE/PROGRAM AND YEAR OF STUDY

Clinical Rotation for Clinical Medicine, & Medical Laboratory	200,000/=	All students with clinical rotations	Every semester with clinical rotations shall be paid one month before commencement of rotations
Pharmacy Practice Field	100,000/=	All pharmacy students	Every year at the begin of the Semester with Field
Social work & Community Development	100,000/=	All social work & community Development students	Every year at the begin of the Semester with Field
Supplementary/Special Examination	50,000/	Per module	After declaration of END OF SEMESTER 1 & 2 RESULTS
Appeal	50,000/	Per module	Within 14 days after declaration of Results

D: NATIONAL EXAMINATION FEE.

National Examination fee	150,000/= (As per directive from NACTE and MoHCDGE)	ALL	At the begin of Every Second Semester
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NB: PAYMENTS FOR NATIONAL EXAMINATIONS FEE SHALL BE PAID BY USING REFERENCE NUMBER FROM COLLEGE SYSTEM (AMIS)

PART 6: ACCOMMODATION

Students will be provided with accommodation for FREE but you will be required to sign an accommodation tenant agreement form /contract before allocated to the room. In a room you will find a bed but you will have to buy mattress and other small stuffs e.g., Bucket, mosquito net, bedsheet e.t.c

PLEASE TAKE NOTE;

1. ALL MONIES PAID ARE **NON –REFUNDABLE**; Make proper decisions before payments.
2. This fee structure is annual; hence the management reserves the right to change the fees structure at the end of each academic year.

PART 7: MODE OF PAYMENTS

All first installment payments shall be paid directly to our bank Account, at any branch of NMB BANK PLC, Account Name:

Account Number:

The following installment (2nd, 3rd 4th) shall be paid by **using control number/reference number** generated from our **Academic Management Information System (AMIS)** available at our website

www.accohas.ac.tz

MONTHLY PAYMENT MODE

FEE STRUCTURE			
ITEM	PST	CMT	MLT
TUTION FEE	1,800,000	1,800,000	1,800,000
OTHER CHARGES	580,000	580,000	580,000
NACTE EXAM FEE	150,000	150,000	150,000
FIELD ROTATION	100,000	400,000	200,000
GRAND TOTAL	2,630,000	2,930,000	2,730,000

PST MONTHLY FEE INSTALLMENT												
	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUN	JULY	AUGUST	TOTAL FEE
	OTHER CHARGES AND FIELD	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE & NACTE EXAMS	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	
INSTALLMENT	280,000	280,000	280,000	280,000	280,000	280,000	280,000	280,000	280,000	110,000		2,630,000

CMT MONTHLY FEE INSTALLMENT												
	OTHER CHARGES AND FIELD	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE & NACTE EXAMS	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TOTAL FEE
	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUN	JULY	AUGUST	
INSTALLMENT	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	230,000		2,930,000

MLT MONTHLY FEE INSTALLMENT												
	OTHER CHARGES AND FIELD	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE & NACTE EXAMS	TUTION FEE	TUTION FEE	TUTION FEE	TUTION FEE	TOTAL FEE
	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUN	JULY	AUGUST	
INSTALLMENT	280,000	280,000	280,000	280,000	280,000	280,000	280,000	280,000	280,000	210,000		2,730,000

EDUCATION, EXCELLENCY, EMPLOYMENT

COLLEGE REGISTRATION NUMBER: REG/HAS/237

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MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

SURNAME AGE..... SEX

FIRST NAME.....

MIDDLE NAME.....

MARITAL STATUS

PARTS II-V (To be filled by a medically qualified and registered professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- | | |
|------------------------------------|--|
| 1 Tuberculosis. | 11 Diabetes. |
| 2 Asthma..... | 12 Epilepsy..... |
| 3 Rheumatic fever | 13 Deformity..... |
| 4 Allergic disorders | 14 Mental Illness..... |
| 5 Heart disease | 15 Eye disorder..... |
| 6 Gastric or duodenal ulcers | 16 Ear, Nose or Throat Disorder..... |
| 7 Jaundice..... | 17 Skin disease |
| 8 Dysentery | 18 Anemia..... |
| 9 Varicose veins. | 19 Gynecological disorder. |
| 10 Kidney disease. | 20 Any other serious disorder (specify)
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