



**SAINT ALVIN INSTITUTE OF HEALTH
AND**

ALLIED SCIENCES (SAIHAS)

P.O.BOX 6386, Morogoro-Tanzania

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*Attach four
(4) recent
passport size
photographs*

**APPLICATION FORM FOR ADMISSION TO CERTIFICATE/DIPLOMA PROGRAMMES
FOR ACADEMIC YEAR 2020/2021.**

(Please read carefully the Instructions before filling in this application form)

INSTRUCTIONS:

1. The dully filled application form should be returned along with certified photocopies of Academic Certificates, transcripts and original bank pay-in-slip (bearing the name of the applicant).
2. Applicants will be required to pay **Tshs. 30,000/=** (Thirty thousand only) via **NMB Bank**
Account Number: 20110042783
Account Name: ST. ALVIN HEALTH COLLEGE

PART1: CHOICE OF PROGRAMMES

In the table below, choose the Certificate/ Diploma programme you would like to study by indicating your preference by using a tick (√).

S/N	Type of Course/Programme	Duration (years)	Entry requirements	Preference
1	Technician Certificate in Clinical Medicine NTA Level 5	2	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Chemistry and Biology.	
2	Ordinary Diploma in Clinical Medicine NTA Level 6	3	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Physics, Chemistry and Biology.	

COLLEGE REGISTRATION NUMBER: REG/HAS/193P

PART2: PERSONAL PARTICULARS

First Name	Middle Name	Sur Name	Date of birth
Gender	Physical impairment if any	Active email address	Mobile number
Nationality	Region	District	Ward
Full Name of Next of kin	His / her phone number	Relationship	Full Address

PART3: EDUCATION BACKGROUND

Sitting Category	Form Four Index Number	Name of Secondary School attended	Year of completion
First sitting			
Other sitting if any			

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
Physics			History		
Chemistry			Geography		
Biology			Kiswahili		
Basic Mathematics			Civics		
English					

PART 4: FINANCIAL INFORMATION

Indicate who will finance your studies if you will be selected to join at SAIHAS.

Parents/ guardians	Telephone number	e-mail address	Job title	Relationship

Sponsor Declaration: I have agreed to finance the above named applicant in his / her studies at SAIHAS and agreed to release funds for tuition fees and living expenses as and when required.

Name:Signed.....Date/...../2020.

PART 5: FEE STRUCTURE: Successful applicants will be required to pay Training fees as illustrated in the table below;

A. TUITION FEES AND OTHER PAYMENT DESCRIPTION

S/N	ITEM	AMOUNT(TZS)	RESPONSIBLE	PERIOD
A	TUITION FEE	1,900,000/=	ALL	Paid once or in four installments
B. OTHER CHARGES				
1	IDENTITY card	10,000/=	ALL	Once at the beginning of first semester
2	Registration fee	50,000/=	ALL	Once at the beginning of first semester
3	Student Union	10,000/=	ALL	Once at the beginning of every year.
4	NACTE Quality Assurance	35,000/=	ALL	Every year at the beginning of the first semester
5	Internal examination	200,000/=	ALL	Every year at the beginning of the first semester
6	Caution Money	100,000/=	ALL	Once at the beginning of first semester
7	Practical Procedure Book	60,000/=	ALL	Every year at the beginning of the first semester
8	Medical capitation (NHIF)	60,000/=	Mandatory for all students without any Health Insurance	Every year at the beginning of the first semester
9	Practicum guide	175,000/=	ALL	Once at the beginning of the first semester
10	Stationeries	100,000/=	ALL	Every year at the beginning of the first semester
TOTAL		800,000/=		

COLLEGE REGISTRATION NUMBER: REG/HAS/193P

Training fees can be paid in full at the beginning of first semester or in Four installment basis as indicated in the table below;

B: PAYMENT SUMMARY IN INSTALLMENTS

FIRST SEMESTER		
First Installment	975,000/=	At the beginning of 1 st Semester when reporting at the College
Second Installment	500,000/=	Two months after the beginning of 1 st Semester
SUB TOTAL	1,475,000/=	
SECOND SEMESTER		
Third Installment	825,000/=	At the beginning of 2 nd Semester
Fourth Installment	400,000/=	Two months after the beginning of 2 nd Semester
SUB TOTAL	1,225,000/=	
GRAND TOTAL (A+B)	2,700,000/=	

C. OTHER PAYMENTS WILL DEPEND ON THE SEMESTER OR YEAR OF STUDY

Clinical Rotation	200,000/=	All students with Clinical rotations	Every semester with Clinical rotations, fees shall be paid one month before commencement of rotations.
National Examination Fee	150,000/= (Subject to changes will depend with the directives from NACTE)	ALL	At the beginning of every Second Semester

N.B: PAYMENTS FOR NATIONAL EXAMINATIONS FEES SHALL BE PAID TO MoHCDGEC.

PART 6: ACCOMMODATION

The Institute has on-campus accommodation, for those who will secure on campus accommodation, all rooms are shared.

Accommodation is free to all students, 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, mattress and key.

Accommodation does not include meals, Meals allowances can be paid direct to a particular student by his / her Sponsors, the College has a well organized cafeteria where students can find food and other needs in an affordable price (**Optional**).

PLEASE TAKE NOTE OF THE FOLLOWING;

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 payments shall be paid directly to the College Bank Account, at any branch of NMB Bank.

Account Number: **20110042783**

Account Name: **ST. ALVIN HEALTH COLLEGE**

PART 8: DECLARATION

I..... (Applicant’s full name), Do hereby declare that all information given is correct to the best of my knowledge and belief.

Applicant’s signer:Date.....

FOR OFFICIAL USE ONLY

Application form has been received by the Admission office, SAIHAS

Name of Officer:signatureDate.....

Decision by the Admission Committee

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Decision by the National Council For Technical Education (NACTE)

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All Enquiries and dully filled Applicant forms should be addressed to;

Principal / Admission Officer,

Saint Alvin Institute of Health and Allied Sciences

P.O.Box 6386

Morogoro, Tanzania

E-mail: director.saihas@gmail.com, Website: www.saihas.ac.tz

Also Via WhatsApp number +255753672659 a dully filled application form with its attachments (Birth certificate and Form four academic certificate/ result slip) in ONE PDF FILE can be submitted.

THANK YOU FOR CHOOSING SAIHAS

“We aim to build a Society of Competent Health care Workers”.