

MACHAME HEALTH TRAINING INSTITUTE



P.O. Box 3044, MOSHI
E-mail: info@mhti.ac.tz

Phone: +255767921968
MOSHI– TANZANIA

APPLICATION FORM

Application form instructions:

1. Please fill in the form in **BLOCK** letters in all sections.
2. Return completed application form to the College before the dead line, with attached photocopies of academic and birth certificates.
3. Attach **Photocopy** of Pay-in slip receipt of Tshs. 10,000/= for application form fee. You will be required to present the **Original** pay-in slip to the College Accountant during the registration week.

NOTE: Application fee is Non-refundable

4. All application fees must be paid through bank
 - i. Account No. **0150206907200** CRDB (Machame Health Training Institute)
 - ii. Account No. 555 Uchumi Bank (Machame Health Training Institute)
5. Please note that the admission committee will not review incomplete application forms.

MINIMUM ENTRY REQUIREMENTS

	CHEMISTRY	BIOLOGY	PHYSICS/ ENGINEERING	MATHEMATICS	ENGLISH
Diploma in Nursing	C	C	D	-	D
Community health	Holder of certificate of Secondary Education Examination with four D passes including Biology or an applicant who has received informal training in Community Health Workers (CHWs), Para Social Worker (PSW) and Medical Attendant (MAs) recognized programs; and practice in the respective area and Holder of Secondary Education Examination or Advanced Certificate of Secondary Education.				

Clinical Medicine – (in service)	Holder of certificate of Secondary Education Examination (CSEE) with four passes including D pass in Physics, Chemistry and Biology and Holder of certificate NTA Level 5 in Clinical Medicine and work experience of two year and above and licence to practice.
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Section A: (To be filled by applicant)

1. Personal Information: (Full names as they appear in your Academic Certificates)

- First NameMiddle
Surname
- Date of Birth (dd-mm-yyyy) Place of Birth
- Gender Male/Female
- Marital Status: [] Married [] Single *(Tick where required)*
- Do you have any physical disability (**YES/NO**) – if **YES** indicate type of disability
.....
- Personal Mobile NumberE-mail:
- Next of Kin Mobile NumberE-mail

2. Which Course Name are you applying for (write in short as shown below)

COURSES OFFERED:

DN = Diploma in Nursing

DE = Distance Education in Clinical Medicine (in service)

CH = Community Health (in service)

SECTION B:

Direct Personal Contact Address (Fill the correct address)

- P.O. Box District/Town.....Region
- Country.....Tel/Mobile E-mail

SECTION C:

Education History (To be filled by Applicant)

Primary School Education:

SN	Name of Primary school	Year completed	District	Region	Award

Secondary School Education

SN	Name of Secondary school	Year completed	Index No.	Award