ELCT- ND |EVANGELICAL LUTHERAN CHURCH IN TANZANIA

MACHAME HEALTH TRAINING INSTITUTE

JOINING INSTRUCTION

FOR

CLINICAL MEDICINE AND NURSING & MIDWIFERY

ACADEMIC YEAR
2026/2027

Contents

1.0 CLINICAL MEDICINE

1.1 Fees Structure For Clinical Medicine Programme

The fee payment breakdown for the academic year 2026/2027 is as follows

DESCRIPTION	1ST YEAR	2ND YEAR	3RD YEAR
	Amount	Amount	Amount
TUITION FEE	1,590,000	1,790,000	1,790,000
BORDING, LODGING & MEAL	1,455,000	1,425,000	1,425,000
STUDENT'S ASSOCIATIONS	30,000	30,000	30,000
REGISTRATION FEE	70,000	-	-
GRADUATION	-	-	110,000
IDENTITY CARD	20,000	-	-
TOTAL	**3,165,000/=**	**3,245,000/=**	**3,355,000/=**

Table number 1

1.2 Other Contributions.

DESCRIPTION	1ST YEAR	2ND YEAR	3RD YEAR
	Amount	Amount	Amount
HEALTH INSURANCE	50,400	50,400	50,400
MINISTRY OF HEALTH (MoH) EXAMINATION FEE	150,000	150,000	150,000
NACTVET QUALITY ASSURANCE FEE	20,000	20,000	20,000
UNIFORM	140,000	-	-
TOTAL	**360,400/=**	**220,400/=**	**220,400/=**

Table number 2.

1.3 Uniforms (Clinical medicine)

1.3.1 Boys' Uniforms

The student will be provided with the following uniforms immediately upon arrival and completion of payment procedures:
(i) Two pairs of khaki trousers
(ii) Two short-sleeved white shirts
(iii) One clinical coat
(iv) Two white sweaters.

Along with that, the student will be required to bring Black shoes with short heels and long white socks.

1.3.2 Girls' Uniforms.

The student will be provided with the following uniforms immediately upon arrival and completion of payment procedures:
(i) Two white dresses.
(ii) One clinical coat
(iii) Two white sweaters

Along with that, the student will be required to bring Black shoes with short heels and long white socks.

2.0 NURSING & MIDWIFERY

2.1 Fees Structure For Nursing and Midwifery

The fee payment breakdown for the academic year 2026/2027 is as follows

DESCRIPTION	1ST YEAR	2ND YEAR	3RD YEAR
	Amount	Amount	Amount
TUITION FEE	1,590,000	1,790,000	1,790,000
BORDING,LODGING & MEAL	1,455,000	1,425,000	1,425,000
STUDENT'S ASSOCIATIONS	30,000	30,000	30,000
REGISTRATION FEE	70,000	-	-
GRADUATION	-	-	110,000
IDENTITY CARD	20,000	-	-
TOTAL	**3,165,000/=**	**3,245,000/=**	**3,355,000/=**

Table number 1

1.2 Other Contributions.

DESCRIPTION	1ST YEAR	2ND YEAR	3RD YEAR
	Amount	Amount	Amount
HEALTH INSURANCE	50,400	50,400	50,400
MINISTRY OF HEALTH (MoH) EXAMINATION FEE	150,000	150,000	150,000
NACTVET QUALITY ASSURANCE FEE	20,000	20,000	20,000
UNIFORM	140,000	-	-
TOTAL	**360,400/=**	**220,400/=**	**220,400/=**

Table number 2.

2.3 Uniforms (Nursing & Midwifery)

2.3.1 Boys' Uniforms

The student will be provided with the following uniforms immediately upon arrival and completion of payment procedures:
(i) Two pairs of white trousers
(ii) Two short-sleeved white shirts *(Kaunda Suti)*
(iv) Two white sweaters.

Along with that, the student will be required to bring Black shoes with short heels and long white socks.

2.3.2 Girls' Uniforms.

The student will be provided with the following uniforms immediately upon arrival and completion of payment procedures:
(i) Two pink dresses.
(iii) Two white sweaters

Along with that, the student will be required to bring Black shoes with short heels and long white socks.

3.0 OTHER REQUIREMENTS FOR ALL PROGRAMES

All student will also be required to come with the following requirements for safety and well-being

i. Blankets.
ii. Two sheets (pink color for girls and light blue color for boys)
iii. Pillow and pillowcase the color of the sheet.
iv. Sports equipment
    a. Dark blue jersey for girls
    b. Black jerseys for boys
    c. Sports rubbers.
v. Towels
vi. One plastic bucket
vii. Two photos - stamp size
viii. A student must submit a medical form provided by the college, filled from any recognized hospital, and submit it immediately after reporting to the college.
ix. A student is required to bring a certified copies of Form Four Certificate and birth certificate.
x. LAPTOP for studies (recommended, but not necessary).
xi. One mattress, $2^1/_2$ x 6
xii. Plate, cup, and spoon.
xiii. One Rim paper type "DOUBLE A PREMIUM" with dimensions "A4 (210x297mm) for the first semester and another Rim paper for the second semester.

4.0 PROCEDURE FOR PAYMENT OF FEES AND OTHER CONTRIBUTION

i. Our fees are paid in two installments per year (first semester and second semester).
ii. All payments for other contributions are paid in the first semester of the relevant academic year.
iii. All fee payments will be made through the Institute's accounts, as specified in this form, and the student will be required to submit a bank receipt (pay-in slip) as soon as he/she arrives at the campus, and be given a receipt for the payment he/she made.
iv. According to the join instructions, once the fee is paid, it is strictly non-refundable, even under the following circumstances.
    a) Disciplinary Withdrawal: In case a student is suspended due to disciplinary issues, he/she will not be refunded at all.

b) Intentional Withdrawal: In case a student decides to withdraw from college/drop from studies willingly, he/she will not be refunded at all.

c) Discontinuation of studies due to medical reasons: In case studies are postponed/frozen due to illness, fees are non-refundable but will be credited to the following academic year upon the student's recovery.

d) Fees paid beyond the required amount: Non-refundable.

v. The fee will be refunded to the parent/guardian if the following conditions are met:

a) Cooling-off Period: Students typically have 14 days from enrolment to withdraw without financial penalty. Within the stipulated time-frame, tuition fees will be refunded. Beyond the stipulated time-frame, tuition fees will not be refunded.

b) If a student has already paid tuition fees for the upcoming semester (or academic year) but decides to postpone/discontinue their studies for any reason, the paid fees (for the new semester) will be refunded.

4.1 INSTITUTION ACCOUNTS.

CRDB ACCOUNT
Account Name: **MACHAME HEALTH TRAINING INSTITUTE**
Account Number: **0150206907200**

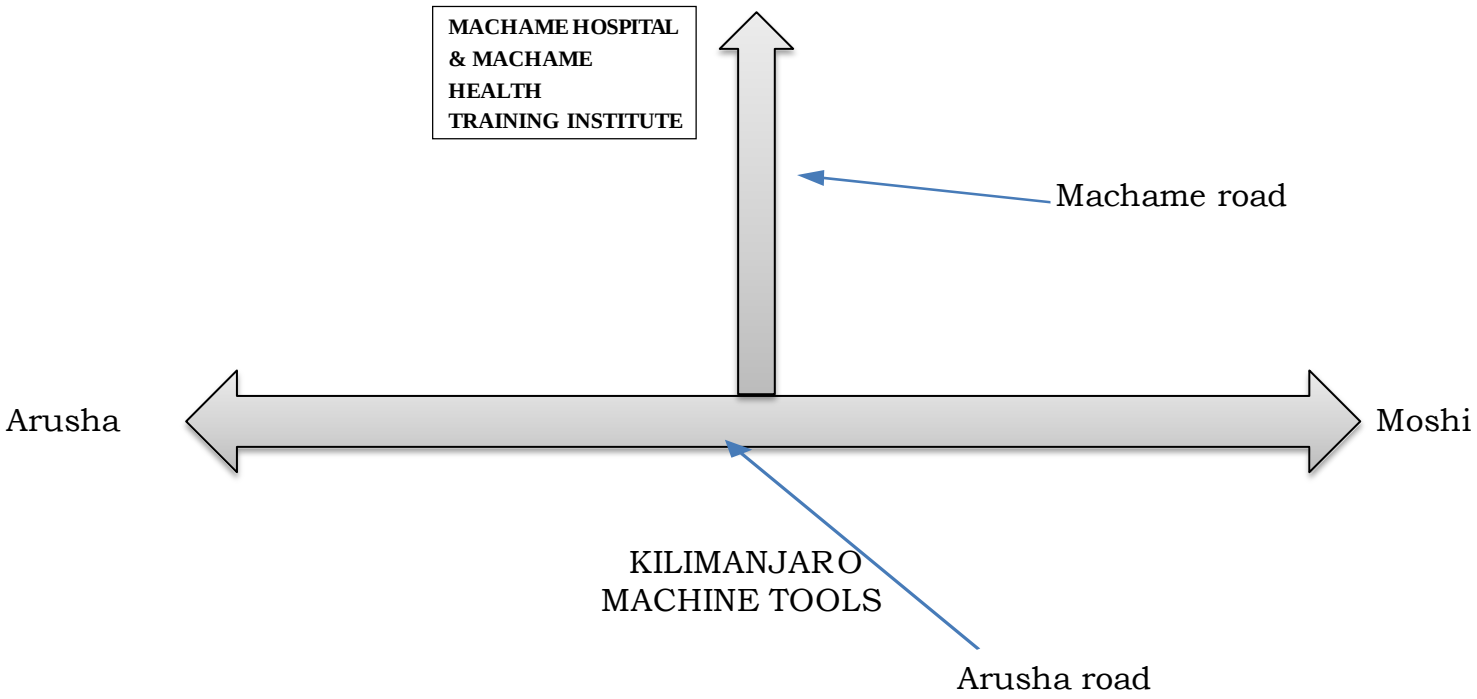
UCHUMI COMMERCIAL BANK (UCB)
Account Name: **ELCT ND MACHAME HEALTH TRAINING INSTITUTE**
Account Number: **00102000555.**

5.0 COLLEGE RULES:

Upon arrival, all students will receive a copy of the College Bylaws. Students are required to read and understand these bylaws carefully, as they outline the rules, regulations, rights, responsibilities, and standards of conduct expected throughout their stay at the College. Compliance with these bylaws is mandatory for all students.

6.0 HOW TO GET TO MACHAME HEALTH TRAINING INSTITUTE

From **Moshi Town**, travel along the Moshi–Arusha Highway towards (Arusha) *Boma Ng'ombe.* In the mid before reaching Boma Ng'ombe, turn onto **Machame Road** and proceed towards Machame Lutheran Hospital where Machame Health Training Institute (MHTI) is located within/adjacent to the Machame Lutheran Hospital campus in Machame, Hai District, Kilimanjaro Region



7.0 CONTACTS

OFFICE ADMINISTRATOR			DEPUTY PRINCIPAL ACADEMIC	
+2557844010308	+255768010318		+255757812234	
ADMISSION OFFICE			**DEAN OF STUDENTS**	
+255737317072	+255742506567		+255629868630	+255769141427
ACCOUNTANTS OFFICE			**PRINCIPAL**	
+255755483668	+255754417295		+255756027972	+255621327568

Dr. Paul J. Shemdoe
PRINCIPAL
MACHAME HEALTH TRAINING INSTITUTE

Attachments

Medical Examination Form

Attached at the end of this document

ELCT | EVANGELICAL LUTHERAN CHURCH IN TANZANIA
NORTHERN DIOCESE

KKKT ND |Evangelical Lutheran Church in Tanzania
Machame Health Training Institute
P.O. Box 3044, Moshi,
TANZANIA.
Mobile Phone: 0737317072
Email: *info@mhti.ac.tz*
Web: www.mhti.ac.tz

MEDICAL EXAMINATION FORM
To be completed by a Registered Medical Officer.

1. STUDENT PERSONAL PARTICULARS

Surname……..……Other names…..……..……..……..……..……..……..…
Age ……Sex……..……
Address……..……..……..……..……..……..……..……..……..…

2. PAST MEDICAL HISTORY
(A)Has the student ever suffered from any of the following medical conditions?
Indicate Yes or No
1. Allergies……..……..…
2. Hypertension……..……..…
3. Diabetes Melitus…..……
4. HIV/AIDS……..…..
5. Major surgeries…..……..…
6. Tuberculosis…….
7. Psychiatric illness……..
8. Physical disability……..…
9. Heart Disease……..……
10. Asthma……..……..
11. Any other condition(s) worth reporting? (Name)……..……

(All Official Correspondence to be addressed to the Principal of MHTI)

(B) Is the student on any medication/treatment for a chronic/long-term condition?
Yes / No (circle the answer)

If yes, name the condition(s) under treatment
(1) ……..……..
(2) ……..……..
(3) ……..……

3. PHYSICAL EXAMINATION

Weight…….. **Height**……..

Vision: Left eye……Right eye……

Cardiovascular System

Blood Pressure ……

Pulse rate ……

Any murmur? Yes / No (circle the answer)

Abnormal Examination

Liver…….. Spleen…….. Kidney……..

Any palpable mass (specify……..

Muscle skeletal system

Extremities……..

Back……..

Any sign of Drug addiction

Yes / No (circle the answer)

4. LABORATORY INVESTIGATION

Fasting blood sugar……..

Full blood count

Neutrophils……..

Eosinophils ……..

Basophils ……..

Lymphocytes ……..

UPT(Female)……..

Hb level ……..

Blood group ……

5. CONCLUSION

Do you consider the student physically and mentally fit to pursue studying at Machame Health Training Institute (MHTI)

Yes/ No (circle the answer)

What condition or Disability has to be attended to before he/she can be admitted?

……

……

6. DECLARATION

I certify that I have examined the above-named student and consider that he/she is physically and mentally fit/unfit for academic studies at Machame Health Training Institute (MHTI)

Name of Medical Officer……Qualifications……

Date……Address: ……

Official Stamp