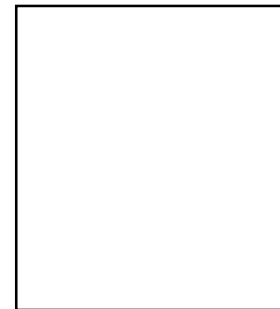


ST.MAXIMILLIANCOLBE HEALTH COLLEGE
APPLICATION FORM FOR ADMISSION
ACADEMIC YEAR 2017/2018

For Official Use Only

Attach Photo here



(Note: Please fill all details in block letters

1.0 PERSONAL PARTICULARS

1.1 Surname:

First Name: Middle Names:

(Note: The names and initial entered in this form must be exactly the same as those appearing on your C.S.E.E – Form IV or other certificates to be used for admission. If there is no Surname or Middle name in your certificate please do not write)

1.2 Sex: Male, Female:

1.3 Date of Birth:

1.4 Place of Birth:

1.5 Citizenship:

1.6 Religion:

1.7 Marital Status:

1.8 Address:

1.9 Telephone Number(s):

1.10 Father's Name:

Occupation:

1.11 Mother's Name:

Occupation:

1.12 Do you have any kind of disability: Yes No.....: If Yes, specify:.....

.....
.....

(Note: This information is required in order for the College to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

2.0 FOR EMERGENCIES: Person to be contacted

2.1 Full Name:

2.2 Relationship:

2.3 Address:

2.4 Telephone: Fax:

2.5 E-mail:

3.0 EDUCATION BACKGROUND AND EMPLOYMENT RECORDS

ALL SEC. SCHOOLS ATTENDED	LOCATION	DATES FROM (MO/YR)	TO (MO/YR)	CERF. INDEX No.

3.1 College Education

Have you attended this college or any other Institutions of learning before?

Yes..... No.....

If Yes, Provide details in the table below

S/N	INSTITUTION ATTENDED	STATUS (GRADUATED/DISCONTINUED/ABSCONDED)	IF GRADUATED GIVE QUALIFICATION ATTAINED	DATE OBTAINED

Total Number of Years of Schooling

Years: Months:

3.2 Employments Details

Please give details of your Employment Records in the table below

S/N	NAME OF EMPLOYER	POST HELD	DATES

4.0 Programs sought in order of preference (select from the list attached)

ORDER OF PREFERENCE	COURSE	PROGRAMME CODE	FULL NAME OF PROGRAM

5.0 Language Fluency:

LANGUAGE				
	POOR	FAIR	GOOD	VERY GOOD

6.0 Referees

Name and addresses of two referees who know your ability as a student and can assess your competence in written and spoken English

(a) Full Name:

Address:

Business OR Activity

Fax / E-mail:

(b) Full Name:

Address:

Business OR Activity

Fax / E-mail:

6.1 The sponsor should indicate here that the candidate would receive financial support for years he or she will spend at St.maximilliancolbe Health College

(c) (a) Full Name:

Address:

Business OR Activity

Fax / E-mail:

I confirm that my Organization will give full financial support to during the period of his/her education at St.maximilliancolbe Health College if he/she is accepted.

Date:

Signed Official stamp or seal

7.0 Declaration

I declare that all information given in this form is correct.

Signature of Applicant:

Date:

8.0 Attachments

Please include the following with this application:

(a) A medical Doctor's Certificate stating that you are fit to follow this course.

(b) Two (2) passport size photos of yourself (Colored)

(c) A short history of your life in English (500-750 or two full-scale) in your own handwriting, describe the important details of your life, your reasons for pursuing this course of study and your plans for the future.

(d) Photocopies of your school certificates OR results slip (Form IV and/or Form VI)

When you have attached all required materials and have included certification of sponsorship (below) kindly send this to the office of the: (Please do not send by Fax/Email)

Admission Offices at St.maximilliancolbe Health College, P.O.Box 905 Tabora

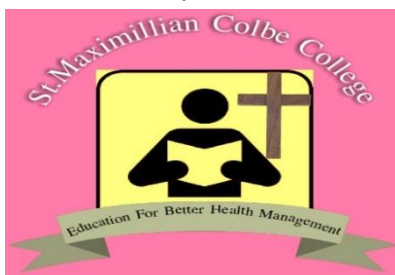
Programs offered by 2017/2018

NAME	DURATION
BASIC TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCE	1 YEAR
TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCE	2 YEARS

ST. MAXIMILLIANCOLBE HEALTH COLLEGE OF TABORA

P.O BOX 905,

TABORA, TANZANIA



MEDICAL EXAMINATION FORM

SURNAME _____ OTHER NAMES _____

AGE _____ SEX _____

MARITAL STATUS _____ CITIZENSHIP _____

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

1. Tuberculosis.....
2. Pneumonia.....
3. Pleurisy.....
4. Asthenia.....
5. Rheumatic Fever.....
6. Allergy disorder.....
7. Heart Disease.....
8. Gastric or duodenal.....
9. Recurrent indigestion.....
10. Jaundice.....
11. Dysentery.....
12. Varicose Veins.....
13. Kidney or urinary disorder....
14. Diabetes.....
15. Epilepsy.....
16. Deformity.....
17. Psychotic.....
18. Eye disorder.....
19. Ear, Nose or throat disorder.....
20. Skin disorder.....
21. Anemia.....
22. Gynecological disorder.....
23. Malaria or other tropical disease....
24. Cholera.....

25. Major or minor operation.....
26. Pneumonia.....
27. Pleurisy.....
28. Serious accident.....
29. Any other serious disorder.....

PHYSICAL EXAMINATION

1. Height.....
2. Skin disease.....
3. Weight.....
4. Eye Conjunctivae
Pulis.....
Vision Right.....
Left.....
5. Please state condition of Ears (if any discharge).....
Mouth and throat.....
Nose.....
6. Any Abnormality.....
7. Cardiovascular System.....
Blood Pressure: Systolic..... Diastolic.....
Heart: Any Murmur?
- Arteries and Veins.....
8. Abdomen..... Hernia.....
Hydrocele.....
Masses.....
Liver.....
Kidney.....
Rectal.....
Any Clinical evidence of hyperacidity or gastric duodenal ulcer?

LABORATORY

1. Urine Albinum.....
Sugar.....
Bilharzia.....
2. Stool: Special emphasis on Hookworm and Bilharzia.
3. Blood examination: Hb Level.....
(a) Neutrophils.....
(b) Eusinaphils.....
(c) Bisophils.....
(d) Lymphocytes.....
(e) Monocytes.....
(f) ESR.....
4. X-ray examination –Chest.....
5. Serology: Widal test..... VDRL.....
6. Pregnancy tests.....

CONCLUSION

I have examined Mr/ Mrs/Miss/Sr/Br/fr _____
and considered that he/ she is/ is not physically and mentally fit to be a student at
ST.MAXIMILLIANCOLBE COLLEGE.

Date	Signature	Name
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Title	Qualification
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Address



ST. MAXIMILLIANCOLBE HEALTH COLLEGE

TABORA CAMPUS

P.O Box 905 Tabora- Tanzania. Email:stmaximilliancolbe@gmail.com

Website www.stmaximiliancolbe.ac.tz

**JOINING INSTRUCTION FOR BASIC AND CERTIFICATE STUDENTS
SELECTED FOR THE ACADEMIC YEAR2 017/2018**

FULL NAME:

1.0 Welcome message to all selected Students

The management of St. Maximilliancolbe Health College-Tabora has the pleasure to welcome all our new selected students to join our esteemed Institution.

1.1 About St. Maximilliancolbe Health College

St. Maximillian Health College is the newly established health institution with its campus being in Tabora Municipal, Nzega road, **Ipuli Street** near Majengo Primary School.

1.2 Date of arrival and registration

All selected students should report at St Maximillian College on 28th September, 2017 from 8.00 am-4.00 pm for registration and orientation. Our first semester studies will commence on 5th October, 2017.

2.0 Payment of fees and Registration

Fees and other financial payment are responsibility to students and sponsor or guardian. Fees are payable in full at the beginning of academic year or in two equal installment at beginning of each semester

2.1 Fees payable are detailed below

- i. All candidates are required to pay the following administrative fees in full at the beginning of the academic year*

No	ADMINISTRATIVE FEES	AMOUNT (Tsh) 1 ST YEAR	2 ND YEAR
1	Registration fees	10,000/=	10,000/=
2	Identity Card (ID)	10,000/=	-
3	Student Union	10,000/=	10,000/=
4	Uniforms	120,000/=	-
5	Medical Fees	100,000/=	100,000/=
6	Exams Fees	100,000/=	100,000/=
8	Field work	150,000/=	150,000/=
9	Caution money	20,000/=	20,000/=
10	Quality Assurance	15,000/=	15,000/=
11	Ministry of Health Exam	280,000/=	280,000/=
12	Accommodation (Hostel)	400,000/=	400,000/=
13	Graduation Fee	50,000/=	-
	TOTAL	1,265,000/=	1,175,000/=

- ii. All students are required to pay in addition 1,500,000/= Tsh for tuition fees in full at the beginning of the Academic Year or in two equal installments at the beginning of each semester.*

2.1 i. All prescribed fees shall be paid directly into college bank account

Account Name: **St.Maximiliancolbe College**
CRDB Bank Account No: **0150479968300** or
NMB Bank Account No: **51010016891**

- iii.* Students are required to **submit original pay slip** to the **bursar's office**, any other document for the identification of payment other than the mentioned herein above is not allowed.

NB: Fees paid shall not be refunded if a student withdraw, terminated or discontinue from the college.

2.2. Documents for Registration

- i. All new students are supposed to come along with:

Original Academic Certificates or Original Result Slips

Original Birth Certificates

- ii. There shall be no permission to change names appearing on submitted certificates during registration process unless stated otherwise.

2.3. During and After Registration

- i. No student shall be allowed to postpone studies after the academic year has begun except under special circumstances. Permission to postpone studies shall be considered after the student has produced satisfactory evidence of the reasons for postponement to the Director. Special circumstances shall include ill health or serious social problems.
- ii. No student shall be allowed to postpone studies during the two weeks preceding final Examinations, but may for valid reasons be considered for postponement of examinations.
- iii. Students shall commit themselves in writing to abide by the College's Rules and Regulations as required in the registration form. A copy of the students' rules and Regulations shall be made available to the student through the office of the Dean of Students.
- iv. Students shall be issued with identification cards, which they must carry at all times and which shall be produced when demanded by appropriate College Officers. The identity card is not transferable and any fraudulent use may result in loss of student privileges or suspension.
- v. Loss of the identity card should be reported to the Office of Dean of Students, where a new one can be obtained after paying an appropriate fee (currently Tshs 10,000/=) as stipulated under College Rules and Regulations.
- vi. A student registered for a course program meet St.Maximilliancolbe Health College may not enroll con-currently in any other institution without special permission in writing of the appropriate inter-institutional arrangements or cooperation.
- vii. No exemption will be given from College courses which a student may claim to have done elsewhere.

3.0 Hostel Accommodation

There are limited accommodation of hostels available around the college at cost of **400,000/=**Tsh payable in full per year or **200,000/= in two equal installment** at the beginning of each Semester.

3.1 Uniforms

Cost payable for uniforms a student shall be provided two trousers, two shirts, one t-shirts and one clinical coat for **males**. And two gowns, one t-shirt and one clinical coat for **females**.

3.2 Meals, Books and Stationery allowances

The College does not offer the herein above allowances, they depend between a student and his/her sponsor or guardians.

4.0 Worship

A student is allowed to belong to any religious group as allowed by the laws of Tanzania.

5.0 Communication

The registered students shall be required to visit notice board at all the time during the semester.

6.0 Discipline

- i. Students are supposed to demonstrate good behavior within and outside the campus. Student must follow St.Maximillian College By-laws rules and regulations.
- ii. Failure to follow by-laws, rules and regulations disciplinary actions shall be taken against.

7.0 Submission

- i. This form must be submitted directly to the college campus which is at Ipuli Area on the above address including the copies of Certificates/results
- ii. For residents outside Tabora region, send the filled form with the attached copies of certificates/ results through the postal address P.O.Box 905 Tabora.

CONTACT

Principal Office

St. Maximiliancolbe College

P.O.Box 905

Tabora- Tanzania

Tel; +255-755550335 - Director

+255-762574506 -Principal

+255-763841148 -Admission Officer