



NDANDA COLLEGE OF HEALTH AND ALLIED SCIENCES

P. O Box 16, Mobile (255) 742 410 676
Ndanda, (255) 679 779 522
Mtwara

Email: admissions.ndandacohas@gmail.com

Website: www.ndandacohas.ac.tz

APPLICATION FOR ADMISSION TO ORDINARY DIPLOMA

2024/2025

APPLICATION NO:

PASSPORT

INSTRUCTIONS:

- A. Give detailed information as possible. You can attach extra pages for additional information.
- B. Pay 20,000/= for application form through Account No:-**70706600023** NMB name of account *Ndanda College of Health and Allied Sciences*.
- C. Attach the following
 - i) One recent passport size photograph for both (in-service and pre-service)
 - ii) Copies of Secondary Education Certificate or results slip for both (in-service and pre-service)
 - iii) Copy of licensure to practice (in-service)
 - iv) Copies of certificate in nursing, midwifery and transcript for in-service
 - v) Original Bank pay slip
- D. No Application will be processed without payment of the application fee.

SECTION A: PERSONAL PARTICULARS

1. Applicant's Name (First Name):.....

Middle Name..... Surname

2. Sex: Male Female

3. Date of birth: Place of Birth.....

4. Marital status (*put a tick*) Single Married Widowed

5. Nationality:

6. Current Contact Address:

District..... Region.....

Tel / Mobile: Fax:

Email:

7. Permanent home address:
.....
.....

8. How do you plan to finance your studies (Tick as appropriate)

Self-financed Scholarship

9. If you are sponsored give name, address and phone number of sponsor or source of scholarship
.....
.....
.....

10. Next of kin:

First Name: Middle Name.....

Surname..... Relationship:

Contact Address: District.....

Region..... Tel / Mobile:

Fax: Email:

SECTION B: PROGRAMME PARTICULARS

11. State the form of programme that you will be considered for (*tick as appropriate*)

a. Ordinary Diploma in Nursing and Midwifery (NMT)

Pre-Service In-service one year In-service two year's e-learning

b. Ordinary Diploma in Medical Laboratory Sciences (MLT)

Pre-Service In-service one year

c. Ordinary Diploma in Clinical Medicine (CMT)

Pre-Service

SECTION C: EDUCATION BACKGROUND

12. Name of Primary school.....year of completion.....

13. Secondary School Education. List certificate of Secondary Education (attach copies of Certificates)

School	Level of study	Year of completion	Index number(s)
.....
.....

14. Post-secondary Education for In-service

College	year of completion	Field of Study	Qualifications Obtained
.....
.....
.....

SECTION D: EMPLOYMENT OR WORK EXPERIENCE for In-service

15. Give a brief history of working life. (continue on a separate sheet of paper if necessary)

Name and Address of Institution	Work Experiences	
	FROM	TO

16. Are you currently in employment? Yes / No

If **YES**, give Names of the employer:.....

Contact AddressDistrict.....

Region.....Tell/Mobile: Fax

Email

I..... certify that the information given in this application form is correct and accurate to the best of my knowledge

.....

.....

Applicant's signature

Date

How to submit this form;

- If you are nearby our college, you can deliver this form direct to our college
- If you have downloaded from our website, www.ndandacohas.ac.tz you are required to fill it then scan every filled parts and send it to the following official email: admissions.ndandacohas@gmail.com
- If you wish to send it through postal, address to **Principal, Ndanda College of Health and Allied Sciences, P.O. Box 16, Ndanda, Mtwara Region.**

SECTION E: FOR OFFICIAL USE ONLY

17. Recommendations of the Admissions Committee

a. Forwarded to the Committee:

Date.....

b. Recommendation of the committee: Accepted Rejected

c. Comments on recommendation

.....
.....

Principal..... Signature Date:

Ndanda College of Health and Allied Sciences
P.O.BOX 16,
NDANDA.

SCHOOL FEES ACADEMIC YEAR 2024/2025
FEE STRUCTURE for ORDINARY DIPLOMA IN NURSING AND
MIDWIFERY, MEDICAL LABORATORY SCIENCES AND CLINICAL
MEDICINE PROGRAMME.

FOR PRE-SERVICE

1.Direct College Costs

ITEM	1 st Year		
	SEMESTER		TOTAL
	I	II	
Tuition Fees	650,000.00	650,000.00	1,300,000.00
Sub Total	650,000.00	650,000.00	1,300,000.00

2. Other College Costs

ITEM	1 st Year		
	SEMESTER		TOTAL
	I	II	
Accommodation	150,000.00	150,000.00	300,000.00
Meals	400,000.00	400,000.00	800,000.00
Internal Examination Fee	200,000.00	0.00	200,000.00
Computer and Internet	20,000.00	0.00	20,000.00
Book and Stationery	50,000.00	0.00	50,000.00
NHIF	51,000.00	0.00	51,000.00
Uniform	100,000.00	0.00	100,000.00
Examination fee (Ministry)	0.00	150,000.00	150,000.00
Identity card	10,000.00	0.00	10,000.00
Students Union	10,000.00	0.00	10,000.00
NACTVET Quality Assurance Fee	20,000.00	0.00	20,000.00
Caution Money and Maintenance	100,000.00	0.00	100,000.00
Sub Total	1,111,000.00	700,000.00	1,811,000.00
Grand Total	1,761,000.00	1,350,000.00	3,111,000.00

FOR IN-SERVICES

1.Direct College Costs

ITEM	1st SEMESTER	2nd SEMESTER	TOTAL
Tuition Fees	650,000.00	650,000.00	1,300,000.00
Sub Total	650,000.00	650,000.00	1,300,000.00

2. Other College Costs

Local Examinations	200,000.00	0	200,000.00
Book and Stationery	50,000.00	0	50,000.00
Examination Fee (Ministry)	0	150,000.00	150,000.00
Identity Card	10,000.00	0	10,000.00
Students Organization	10,000.00	0	10,000.00
NACTVET Quality Assurance Fee	20,000.00	0	20,000.00
Caution Money and Maintenance	100,000.00	0	100,000.00
Graduation	50,000.00	0	50,000.00
Midwifery / Research project	250,000.00	0	250,000.00
Mental Health / Field project	0	250,000.00	250,000.00
Sub Total	690,000.00	400,000.00	1,090,000.00
Grand Total	1,340,000.00	1,050,000.00	2,390,000.00

Bank Accounts

Name: **NDANDA COLLEGE OF HEALTH AND ALLIED SCIENCES**

A/c : **70706600023**

Bank : **NMB**