NDANDA COLLEGE OF HEALTH AND ALLIED SCIENCES

P. O Box 16, Ndanda, Mtwara
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(255) 679 779 522
Email: admissions. ndandacohas@gmail.com
Website: www.ndandacohas.ac.tz

APPLICATION FOR ADMISSION TO ORDINARY DIPLOMA

2026/2027

PASSPORT

APPLICATION NO: ……

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: PROGRAME 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 Address ……District……..

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: …..……