RUPILI COLLEGE OF HEALTH AND ALLIED SCIENCES

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P.O. Box 79544,
Kiluvya, Pwani,&
Dar es Salaam,
TANZANIA

APPLICATION FORM

The annual school fees are as follows: Diploma - TZS 1,950,000, Two-Year Certificate – TZS 1,350,000, and One-Year Certificate – TZS 900,000. You may pay in three instalments: Diploma, TZS 650,000; Certificate (2 years), TZS 450,000; and Certificate (1 year), TZS 300,000 per instalment. The applicant has to pay a form fee (TZS 20,000) and at least the instalment amount for the application to be processed. The money is not refundable and should be made through **CRDB Bank, Account No: 0152585025800 (NICODEMAS NICHOLAUS RUPILI)**. The payment can also be made through **M-Pesa Lipa Namba 581243 (NICODEMAS NICHOLAUS RUPILI)**.

(A) Personal details (IN BLOCK LETTERS)

First Name					P.O. Box		
Middle Name (IF ANY)					City		
Surname					Region		
Sex (tick √ where appropriate)	**Male**		**Female**		Country		
Marital Status					Phone Number		
Date of Birth					Mobile Number		
Place of Birth					Email Address		

(B) Sponsorship details (IN BLOCK LETTERS)

Sponsor's Name	
P.O. Box	
City, Region, Country	
Phone Number	
Mobile Phone Number	
Email Address	

(C) Other courses attended

Course	**Institution**	**Date of study**	**Award**	**Division/ Grading**

(D) Please indicate your preference course (tick **(√)** where appropriate)

DIPLOMA COURSES				
NO	**Name of Course**	**Fee (TZS)**	**Duration**	**Selected**
1.	Diploma in Nursing and Midwifery	1,950,000	3 Years	
2.	Diploma in Clinical Medicine	1,950,000	3 Years	
3.	Diploma in Medical Laboratory	1,950,000	3 Years	
4.	Diploma in Pharmaceutical Sciences	1,950,000	3 Years	
5.	Diploma in Community Development	1,950,000	3 Years	
6.	Diploma in Health Record Management	1,950,000	3 Years	
CERTIFICATE COURSES				
NO	**Name of Course**		**Duration**	**Selected**
1.	Nursing Certificate (2 yrs)	1,350,000	2 Years	
2.	Laboratory Certificate (2 yrs)	1,350,000	2 Years	
3.	Nursing Certificate (1 yr)	900,000	1 Year	
4.	Laboratory Certificate (1 yr)	900,000	1 Year	

(E) Please submit the following credentials as requirements for this application

i. Four (4) passport size photographs not older than one month from the date they were taken;

(F) Additional information

Do you have any disability? (E.g. arms, legs, eyes, ears etc.)

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(G) Questionnaire

How did you get to know about this programme? **(Tick (√) where appropriate)**

Television Adverts		Radio Adverts		Newspapers	
Fliers / brochures		Relative(s)/Friend(s)		RUCOHAS student(s)	
Graduates from RUCOHAS		Social Media		Exhibition	

Others (explain briefly)

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(H) Verification

I hereby declare that all the information provided herein is true to the best of my knowledge and belief. Should any cheating discovered after admission, the school reserve the right to nullify the admission.

Signature of Applicant…… Date ……/……/20……..

FOR OFFICE USE ONLY

Application fee recorded ……. / date……..	Application Accepted ……Denied……
Verified by (Coordinator of Studies' Office) Name: …… Signature: …….. Date:…… …/……./20…….	
COMMENTS:	