

THE CATHOLIC DIOCESE OF MBULU
BISHOP NICODEMUS HHANDO COLLEGE OF HEALTH SCIENCES

Bishop Nicodemus Hhando college of Health Sciences, P.O. Box 260, Babati – Manyara
 Cell: 0757889576, 0784316200
 Email: bashnethealthcollege@gmail.com



Chuo cha sayansi za afya Cha Askofu Nicodemus Hhando, S. L. P 260, Babati - Manyara : Simu: 0757889576, 0784316200
 Email: bashnethealthcollege@gmail.com

**APPLICATION FORM FOR ADMISSION INTO CERTIFICATE COURSE IN
 MEDICAL LABORATORY SCIENCES 2017/18 ACADEMIC YEAR**

A: PERSONAL PARTICULARS

Caution: Note that names entered on this form must be exactly the same as those appearing on your school certificates. DO NOT ADD any other names.

1. Last Name: (in CAPITAL LETTERS)
2. First name:
3. Middle Names (If any)

4. Sex (tick box)	Male	Female	5. Date of Birth
6. Place of birth:		7. Citizenship:	
8. Religion:	9. Father's Name:		10. Mother's Name:
11. Passport no: (Non-Tanzanians)	Place of issue	Date of issue..... Date of expiry.....	
12. Home address P.O Box		13. Tel. No:	

B: STUDENT ACADEMIC PERFORMANCE RECORD

Ordinary Level Secondary School Certificate Examination

Name of Secondary School:

District: Region

Country..... Year Graduated

FORM FOUR INDEX NUMBER:.....YEAR.....								
SUBJECTS AND GRADES SCORED*								
Maths	Civic	Kisw	English	Biology	Phys	Chem	Geog	Histo

Advanced Level Secondary School Certificate Examination (If any)

Name of Secondary School

District: Region

Country..... Year Graduated

FORM SIX INDEX NUMBER:.....YEAR.....							
SUBJECTS AND GRADES SCORED*							
Adv. Maths	Kisw	Eng	Biology	Physics	Chem	Geog	Histo

C: DECLARATION

1. I (Your Name in full)

Attest that I have personally filed in this form and the information contained herein is complete and accurate to the best of my knowledge.

I understand that withholding information, giving false information or submitting forged certificates will make me ineligible for ADMISSION and may lead to persecution.

2. I also agree to the following conditions:-

(a) I shall observe rules and regulations of the College

(b) I shall not involve myself in any misconduct that may tarnish the image of the Bishop Nicodemus Hhando College of Health Sciences.

3. I understand that violation of any of the above conditions shall lead to disciplinary action.

Send this application form by hand or via postal address to:

Principal, Bishop Nicodemus Hhando College of Health Sciences, P. O BOX 260, BABATI, MANYARA. Mobile phone:

D: CHECKLIST OF APPLICATION FOR ADMISSION

Since incomplete application forms will not be processed, it is important that the applicant checks whether all the items indicated below are included in her/his application submission:-

(i) Four passport size photographs with applicant's name written at the back

(ii) Copies of certificates for O-Level and or A-Level education

(iv) Copy of Birth Certificate

(v) The original bank pay-in slip for the payment of the non-refundable application fees of **30,000/= Account name: Bishop Hhando Health College, Account No. 40710007896 NMB Bank**

Signature of Applicant Date

Deadline for receiving application forms will be 20 July 2017.