

THE CATHOLIC DIOCESE OF MBULU

BISHOP NICODEMUS SCIENCES

Bishop Nicodemus Hhando college of Health Sciences, P.O. Box 260, Babati - Manyara
 Cell: 0752827302, 0784316200
 Email: bashnethealthcollege@gmail.com

WEBSITE: www.bnhchs.ac.tz



HHANDO COLLEGE OF HEALTH

Chuo cha sayansi za afya Cha Askofu Nicodemus Hhando, S. L. P 260, Babati - Manyara : Simu: 0752827302, 0784316200
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APPLICATION FORM FOR ADMISSION INTO CERTIFICATE COURSE IN MEDICAL LABORATORY SCIENCES 2019/20 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 <input type="checkbox"/> Female <input type="checkbox"/>		5. Date of Birth:	
6. Place of birth:		7. Citizenship:	
8. Religion:	9. Father's Name:		10. Mother's Name:
	11. Father's phone number:		12. Mother's phone number:
	13. Father's Postal address:		14. Mother's Postal address:
	15. Father's E-mail address:		16. Mother's E-mail address:

	17. Father Region and District: A.REGION B. DISTRICT	18. Mother Region and District: A.REGION B. DISTRICT
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17. Other relatives information's	Next of kin name	Sex	Phone Number	Next of kin Relation	Next of kin Region & District
	A.				
	B.				

19. Passport no: (Non-Tanzanians)	Place of issue	Date of issue
		Date of expiry

20. Home address P.O Box (APPLICANT)	21. Tel. No: (APPLICANT)
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22. (APPLICANT) Region	23. (APPLICANT) District
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24. (APPLICANT) E-mail address	
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25. (APPLICANT) Primary school name
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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*			
Math	Phys	Chem	English	Biology	Civic	kiswa	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: 0752827302, 0784 316200, 0714 531820.

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 2019.