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: 0756612120, 0789384834

Email:bashnethealthcollege@gmail.com



Chuo cha Sayansi za afya Cha Askofu Nicodemus Hhando, S. L.P 260, Babati – Manyara Simu: 0756612120, 0789384834 Email:bashnethealthcollege@gmail.com

APPLICATION FORM FOR ADMISSION INTO CERTIFICATE COURSE IN MEDICAL LABORATORY SCIENCES IN ACADEMIC YEAR 2020/2021

A. PERSONAL PERTICULARS

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

(Fill this form in CAPITAL LETTERS) 1. Last name: 2. First name: 3. Middle name: 4. Sex (tick correct box) Male ☐ Female 5. Date of birth: 6. Place of birth: 7. Citizenship: 8. Religion: 9. Fathers name: 10 Mothers name: 11. Father's phone number: 12. Mother's phone number:

	13.Father's postal address:			14. Mother's postal address:	
	15.Father's email address:			16.Mother's email address:	
	17.Father Region and District: A. Region: B. District:			18.Mother Region and District: A. Region: B. District:	
19.Others relatives information's	Next of kin name	se x	Phone number	Next of kin relation	Next of kin Region and District
	A.				
	В.				
20.Passport no: (non-Tanzanian)		Place of issue		Date of issue	
21.Home address P.O Box			22.Tel. no (APPLICANT):		
23.Applicant Region:			24.Applicant District:		
25.Applicant emai	il address:	• • • • •			
Applicant primary	school name:	• • • • •			

B. STUDENT ACCADEMIC PERFORMANCE RECORD Ordinary level secondary school certificate Examination Name of secondary school: District:Region Country Year graduated FORM FOUR INDEX NUMBER: Started on to SUBJECTS AND GRADES SCORED **Biology** English | Civics | Physics Histo chemistry Math Kiswa Geog Advanced level secondary school certificate Examination (if any) Name of secondary school District: Region Country Year graduated FORM SIX INDEX NUMBER: Started on to SUBJECTS AND GRADES SCORED **Physics** A/Math Civics Kiswa Histo chemistry Biology English Geog

C. DECLARATION:

- 2. I also agree to the following conditions:
 - a) I shall observe rules and regulations of the school.
 - 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 the disciplinary action.

Send this application form by hand or via postal address to: Principle, Bishop Nicodemus Hhando Health College of health sciences, P.O.Box 260, Babati, Manyara. Or mobile number 0692236005, 0752827302, 0756 612120 Or bashnethealthcollege@gmail.com

D. CHECKLIST OF APPLICATION FOR ADMISSION

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

- i. Four passport size photographs with applicant name written at the back
- ii. Copies of certificates for O-level and A-level education
- iii. Copy of birth certificate.
- iv. The original bank pay-in slip for payment of the non-refundable application fees of 30,000/= in account name: Bishop Hhando Health college .account number: 40710007896 NMB bank.

Signature of applicant	Date			
Dead line for receiving applica	tion forms will be on 30/09/2020			