

**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**

*(This form should be filled in by applicant Her/himself)*

First Name.....Middle Name .....Last Name.....

Age..... Date of birth..... Month..... Year of birth.....

Home Address..... Country of Residence .....

Region .....District .....

Phone Number ..... E-mail .....

Sex.....Religion.....Tribe.....

Marital Status: Married [ ] Single [ ] (Tick where required)

Do you have any physical disability? (YES/NO).....

If YES indicate type of disability

**STUDENT ACCADEMIC PERFORMANCE RECORD**

Primary School Name ..... Year finished.....

Form four School Name ..... Year finished..... Index Number .....

Form six School Name ..... Year finished..... Index Number .....

**Performance summary**

Form four index number: .....	Started on ..... to .....
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Subjects and grades scored								
Physics	Chemistry	Biology	Math	English	Civics	Kiswa	Histo	Geog

**ADVANCED LEVEL INFORMATION IF ATTENDED**

**Subjects and grades scored**

Form six index number: .....	Started on ..... to .....
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Physics	chemistry	Biology	A/Math	English	Civics	Kiswa	Histo	Geog



Have you attended any other school/college after Secondary School?

..... If so, give the name .....

Years of program.....

Level of program (Certificate, Diploma).....

Work experience .....Address of Employer .....

### PARENTS/GURDIAN'S INFORMATION

1. Father's full name.....

Address.....Phone number .....

E-mail.....District..... Region.....

Country .....

2. Mother's full name.....

Address.....Phone number .....

E-mail.....District..... Region.....

Country .....

### Others relatives information's

1. First next of kin full name .....

Relation .....Address.....Phone No .....

E-mail.....District..... Region..... Country .....

2. Second next of kin full name .....

Relation .....Address.....Phone No .....

E-mail.....District..... Region..... Country .....

### Attachment

- ❖ Four passport size photographs with applicant name written at the back
- ❖ Original application fee pay slip
- ❖ Copies of Certificate of Secondary Education Examination or Result Slip
- ❖ Birth Certificate
- ❖ Permission Letter from Employer for upgrading

**APPLICATION FEE (non-refundable) is TSH 30,000/=** should be deposited to account number **40710007896 NMB bank**, Account name: **Bishop Hhando Health college**.

### Contact

P. O. Box 260 BABATI – MANYARA

**Mobile; Principal** 0756612120, 0789384834, **Admission officer** 0752827302, 0692236005

E mail [bashnethealthcollege@gmail.com](mailto:bashnethealthcollege@gmail.com)

### Note:

- ❖ *You can scan the above attachments and send it though the above email,*
- ❖ *Admission committee will not review incomplete application forms.*