

**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: 0752774573, 0687241817  
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Chuo cha Sayansi za afya Cha Askofu  
Nichodemus Hhando,  
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**APPLICATION FORM (Tick your choice)**

- Medical Laboratory Sciences
- Clinical Medicine

*(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 and mode of support

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

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
- School leaving Certificate
- Birth Certificate
- Permission Letter from Employer for upgrading

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

**Contact**

**Admission officer:**

**Mobile; 0742 485 865** E- mail: [bishophandocollege2022@ gmail.com](mailto:bishophandocollege2022@gmail.com)

**Principal:**

**Mobile; 0752 774 573, 0687 241 817**

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

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- **Note:** You can scan the above attachments and send it through email above.