

**TUMAINI UNIVERSITY
KILIMANJARO CHRISTIAN MEDICAL COLLEGE**



APPLICATION FOR ADMISSION

IMPORTANT INFORMATION:

On the medical college page regarding applications on this website the following attachments will be found.

1. Application form for joining diploma and undergraduate programmes
2. Application form for joining postgraduate programmes
3. Fee structures for each programme. The college reserves the right to change this without notice.
4. Medical examination forms

Application fee:

Application fee is 30,000 Tanzanian shillings (30 US dollars for foreign applicants). This fee is subject to review without notice and is non-refundable

The application forms can be downloaded below and filled appropriately and returned to the Admissions officer at the KCM- College with the necessary attachments.

Please provide a reliable e-mail address for correspondence.

The deadline for receiving applications is March 15 for applications intended for joining the college during the academic year starting the following October.

The forms will not be processed if proof of payment of application fee is lacking.

You can pay the fee into the college bank accounts as shown below. A copy of the pay-in slip should be attached with the filled forms. The original copy will be required for verification when the applicant reports for interview at the college and the college bursar will issue a receipt to confirm the pay.

Kilimanjaro Christian Medical College
Local Account (Tshs): 017101001339
NBC Moshi Branch
TANZANIA
Forex Account (Dollar account): 017105000676
SWIFT CODE. NLCBTZXAQTM
NBC Moshi Branch
P. O. Box 3030
MOSHI – TANZANIA

Attachments: When returning the filled application form (as hard copy), the following papers should be attached.

- i. A copy of the bank pay-in slip as evidence for having paid the application fee
- ii. A copy Secondary school certificate indicating academic performance
- iii. A copy of High (A-level) school certificate indicating academic performance
- iv. Proof of availability of sufficient funds to pursue the course.
- v. A medical certificate (download form from this same address)

Duly filled documents and forms to be sent to:

The Deputy Provost for Academic Affairs
Kilimanjaro Christian Medical College
P. O. Box 2240, MOSHI, Tanzania
Telephone 255-27-2754377/ 83 Ext 157
Fax: 255-027-2751351
Email : psec@kcmc.ac.tz
Web page: <http://www.kcmc.ac.tz>
Date: 24 November, 2006.

**TUMAINI UNIVERSITY
KILIMANJARO CHRISTIAN MEDICAL COLLEGE**

**APPLICATION FOR ADMISSION TO POSTGRADUATE DEGREE
PROGRAMMES**

Attach 1 certified passport
size Photograph here
name clearly printed
on the back of the
photograph

A: GENERAL INSTRUCTIONS:

1. All applications for postgraduate training at Kilimanjaro Christian Medical College should be submitted to the Director of Postgraduate Studies
2. Application Fee: All applicants are required to pay a non-refundable application fee as shown in the enclosed Schedule.
3. State degree course and department you are applying for
 - (a) (i) Master's degree in -----
 - (ii) Department -----
 - (b) (i) Doctor of Philosophy (Ph.D)
 - (ii) Title of Research Topic :-

B. PERSONAL PARTICULARS

- (i) Surname (Block letters) -----
- (ii) First Name in Full (Block letters) -----
- (iii) Middle names in full (Block letters) -----

Note: The names in which you'll be registered are those which appear in your certificates of official documents such as Passport.

- (iv) Date of Birth ----- Sex (M or F) -----
- (v) Place of Birth (Town)-----
- (vi) Religion -----

- (vii) Married or Single-----
- (viii) Citizenship -----
- (ix) Country of Residence ----- District -----
- (x) Current Address to which information should be mailed to you:
 Email:-----
 Phone:-----
 Fax:-----
 Postal Address:-----

C. ACADEMIC QUALIFICATIONS :

- (i) First Degree/Diploma -----
 Awarding University/College -----
 Year of Award -----
- (ii) Second and Third Degree/Diploma (Fill in as above)

- (iii) **Professional Awards :**
 - (a) Award -----
 - (b) Awarding Institution -----
 - (c) Duration of curriculum -----
 - (d) Year of Award -----

D. PROFESSIONAL/WORKING EXPERIENCE:

- (i) Current employment and position held -----

- (ii) Previous employment and position held -----

E. MMED APPLICANTS:

Applicants to the MMED programmes should attach their internship certificates

F. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES)

Give full name and address -----

G. CURRICULUM VITAE AND REFEREES

Enclose your curriculum vitae and letters from three Referees

H. STUDENT CONTACT INFORMATION

Address to which information should be sent if applicant is successful: Information will be sent to successful candidates only, normally during June, (see note below)

Email:.....Phone:.....

Postal Address:.....

Fax:

NOTE: Change of address must be communicated to the Deputy Provost Academics

Statement by Applicant

I have acquainted myself with the instructions for admission to the Kilimanjaro Christian Medical College of Tumaini University and certify that to the best of my knowledge the information given above is correct.

Date ----- Signature of Applicant -----