

**TUMAINI UNIVERSITY
KILIMANJARO CHRISTIAN MEDICAL COLLEGE**



APPLICATION FOR ADMISSION

IMPORTANT NOTES:

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.

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

P. O. Box 2240, **MOSHI**, Tanzania
Telephone 255-27-2754377/ 83 Ext 157
Fax: 255-27-2754381
Email : psec@kcmc.ac.tz
Web page: <http://www.kcmc.ac.tz>
Date: 20 January, 2006.

**TUMAINI UNIVERSITY
KILIMANJARO CHRISTIAN MEDICAL COLLEGE**

Ref. No:
(For official use)

Attach 1 certified
passport size
photograph herewith
your name clearly
printed on the back of
the photograph

**APPLICATION FORM FOR ADMISSION TO DIPLOMA OR UNDERGRADUATE
DEGREE PROGRAMME
FORM NO. 1**

FOR OFFICIAL USE ONLY

KCM-College	Joint Admission Board / FORM 1*
CHOICE (1)	CHOICE (1)
CHOICE (2)	CHOICE (2)
CHOICE (3)	CHOICE (3)
*for Tanzanian applicants	

NOTE:
Please fill the form using block letters.
Two copies of this form when completed must be sent to:

**The Deputy Provost for Academic Affairs
Kilimanjaro Christian Medical College
P.O Box 2240 Moshi, Tanzania**

APPLICATION FOR ADMISSION TO A DEGREE COURSE IN THE YEAR.....
(State academic year starting at October to August of next year)

1. Last Name
2. First name in full
3. Middle name(s) in full

NOTE: The name in which you will be registered will be that which appears on you're
A.C.S.E.E/Form VI or equivalent document offered as an entry qualification.

4. Date of birth
5. Place of birth (i.e Town or District and Country)
6. Religion

- 7. Married or Single
- 8. Sex (M or F)
- 9. Citizenship
- 10. Country of residence
- 11. 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)
.....
.....

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

- 12. Secondary school attended (give details)
.....
.....
- 13. (1) (a) Give brief details of other courses you have undertaken, if any (this is essential for clinical officers intending to apply)
.....
.....

(b) Employment record (Give dates)

Post	Dates, from	To
.....
.....
.....

(2) Tanzanian candidates should submit the following information

- (a) Your present occupation and designation
.....
.....
- (b) Full name and address of employer
.....
.....

14. Give the name of your last school principal/headmaster or another person to who reference can be made for a confidential report upon your suitability for University studies.

Name

.....

Address

15. (a) If you are submitting qualifications other than the C.S.E.E (Form IV) and A.C.S.E.E (Form VI) which are deemed to be equivalent to these, give details on a separate sheet. If you used a different name when sitting for these examinations or the equivalents, write here:

.....

- (b) Certificate of Secondary Education Examination (C.S.E.E)/National Form IV/or equivalent.

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examination authority

Division:Examination center/school

.....Country

- (c) Tanzania Advanced Certificate of Secondary Education Examination (A.C.S.E.E)/National Form VI or equivalent

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examination authority

Division:Examination center/school

.....Country

*It is important that Index Number should be given

16. Enclose a copy of the certificate(s) and transcripts, which show grades, obtained in each subject.

17. Degree and diploma courses offered at Kilimanjaro Christian Medical College, Moshi

Indicate in the table below, your choices of courses for which you are applying. You should show your order of preference of courses by placing numbers on the right hand side in the table. You should use figure 1 to indicate your first choice, 2 for your second etc. You are advised to think very carefully before you fill in the table and to give as full a selection as possible, bearing in mind that the University may not be able to offer you your first choice.

<p>I Degree courses</p> <p>Doctor of Medicine (MD)</p> <p>Bachelor of Science in Nursing (BSc.N)</p> <p>Bachelor of Science in Prosthetics/Orthotics</p> <p>Bachelor of Science in Physiotherapy</p> <p>Bachelor of Science in Health Laboratory Sciences</p> <p>II Diploma courses</p> <p>Occupational Therapy</p> <p>Health Laboratory Sciences</p>	
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18. Have you previously attended any University Institution? If so give details

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19. Indicate here if you have enclosed a copy of the bank pay in slip for the application fee.

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20. Do you have any physical or communication disabilities? (Tick/whichever is applicable)

a) Vision / Mobility / Speech / Hearing / Others

If any of the above give details of disability

.....

b) Duration of the disability

c) Type of supportive gear being used/required

d) Sponsor of (c) above

.....
.....

N.B: This information is to prepare the University to receive you and it will not mitigate against your admission.

21. Financial Sponsor (for University fees) - Give full name and address

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.....
.....

22. Statement by applicant:

I have acquainted myself with the entrance qualifications to the Tumbaini University and with the courses available and I certify that to the best of my knowledge, the information given is correct.

Date:Signature of applicant: