



K'S ROYAL COLLEGE OF HEALTH SCIENCES

P.O. BOX 1759, MBEYA - TANZANIA. MOB:0767 086485 / 0687 232037 / 0754 690434

Web: www.krhc.ac.tz. Email: krhealthcollege@gmail.com

Reg No. RG/HAS/135

PASSPORT SIZE

APPLICATION FORM

BASIC PARTICULARS

First _____ Middle Name _____ Last Name _____

Date of Birth _____

Gender _____ Physical Impairment _____ Email _____

Health conditions _____

Close Relative Full Name _____ Relation type _____

Marital status _____

CONTACT DETAILS

Contact Address _____ Phone Number _____

Country of Residence _____ Region _____

District _____

Close Relative Phone Number _____

PROGRAM APPLIED

Tick in a program to select (maximum 5 program can be applied according to the entry Requirements shown to the next table below)

DIPLOMA IN CLINICAL MEDICINE	DIPLOMA IN PHARMACEUTICAL SCIENCE	UPGRADING COURSE IN DIPLOMA IN CLINICAL MEDICINE	UPGRADING COURSE IN DIPLOMA IN PHARMACEUTICAL SCIENCE	INDUSTRIAL LABORATORY

ACADEMIC DETAILS

Minimum Entry Requirements for Admission

SUBJECTS	DIPLOMA IN CLINICAL MEDICINE	DIPLOMA IN PHARMACEUTICAL SCIENCE	UPGRADING COURSE IN DIPLOMA IN CLINICAL MEDICINE AND PHARMACEUTICAL SCIENCE	INDUSTRIAL LABORATORY
BIOLOGY	D	D	NTA LEVEL – 5 CERTIFICATE, RECOGNIZED BY NACTE OR TANZANIA PHARMACY COUNCIL	O- level certificate with D Pass in any subject
CHEMISTRY	D	D		
PHYSICS	D	-		

NB:

- ❖ ENGLISH OR MATHEMATICS IS AN ADDED ADVANTAGE
- ❖ Applicant must be a holder of Certificate in Secondary Education Examination (CSEE) with the minimum requirements for the applied program OR NTA level 5 certificates, recognized by **NACTE OR TANZANIA PHARMACY COUNCIL**

SCHOOL DETAILS

Secondary level	Index number	Year of accomplish	Name of school attended

Primary school attended (*Jina la shule ya msingi uliyosoma*) _____

Scores in science subjects (*fill scored marks in each subject*)

Biology	Chemistry	Physics	Mathematics	English

SPONSORSHIP

How will you finance your studies in KRCHS ? Family <input type="checkbox"/> employer <input type="checkbox"/> loan <input type="checkbox"/> Saving <input type="checkbox"/> others				
Sponsor's name			Job Title	
Tel / mobile number			City	
E mail address			Country	
Sponsor Declaration: I have agreed to finance the above named applicant in his/her studies at KRCHS and agreed to release funds for tuition fees and living expenses as and when required.				
Signed: _____ Name _____ Date _____				

OTHER REQUIREMENTS

Attach copy of academic certificates, bank receipt and birth certificate.

Once you have complete filling this form, you are required to submit it direct to the institute or via email **krhealthcollege@gmail.com** soon before the deadline.

DECLARATIONS

I..... declare that all the information provided above at this form are correct and true, if there is any wrong information I will be responsible for any inconvenience.

Signature of applicant **Date:**

(FOR OFFICE USE ONLY)

STAFF NAME: _____

COLLECTED DATE: _____

**** Application fee is Tshs.20,000/= which can be paid direct at the institute or through M-pesa number 0759-831469 (KS ROYAL COLLEGE OF HEALTH SCIENCES) and you shall be given joining instruction form****