

BLUE PHARMA COLLEGE OF HEALTH



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photographs

P. O. BOX 1570, SINGIDA, TANZANIA

NACTE REG NO: HAS/187

Mobile number: 0743358048, 0715551885, 0620323644

Website: www.bphacoh.ac.tz,

E-mail: admission@bphacoh.ac.tz

STUDENT APPLICATION FORM FOR 2019/2020

Student application form

STUDENT APPLICATION FORM FOR 2019/2020 SEPTEMBER INTAKE

APPLICATION FEE

Submission of duly filed application forms should be accompanied by payments of non-refundable application fee of **TSH 20,000/=**. All payment should be deposited into the Blue Pharma College of Health Account No.**0150417961301**.

Remember to indicate the applicants name and to attach the original pay slip of the application fees to your application forms.

CHOICE OF THE PROGRAMMES

In the table below indicates your choice by putting a tick (√) according to your preference

Programmes	Duration	Choice
Basic Technician Certificate in Pharmaceutical science (NTA Level 4)	One year	
Technician Certificate in pharmaceutical science (NTA Level 5)	Two years	

PERSONAL PARTICULARS

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

Surname.....

(Note: The names entered in this form must be exactly the same of those appearing on your C.S.E.E-Form IV certificates for applicants with equivalent qualification)

Sex **Male** **female**

Date of birth (Attach a copy of birth certificate).....

Place of birth.....

Citizenship.....

Religion.....

Marital status.....

Mobile Number(s)..... Email.....

Do you have any disability? None Physical Visual Hearing

Do you have a criminal conviction? YES NO

Have you apply for admission to other institutions? YES NO

If YES please list names of the institution(s)

.....
.....
.....

How did you know Blue Pharma College of Health? Through

Media Exhibitions Others

MODE OF SPONSORSHIP

Indicate how you intend to finance your studies and your living expenses in Singida

. (Tick the appropriate box)

Family Employer Loan Savings Others

SPONSOR'S DETAILS

Parent /Guardians		Job title	
Telephone number		E-mail	

Sponsor's Declaration:

I hereby accept the responsibility of paying the fees and other charges for the applicant if he/she is admitted

Full name and address of sponsor.....

.....

.....

Signature.....

Date.....

EDUCATION BACKGROUND AND EMPLOYMENT RECORDS

Academic Education: primary, "O" level, "A" level grade or Equivalent. Copies of all relevant final transcripts must be attached with this application.

Qualification	From	To	School Name	Index no.	Grade/% Marks

PREVIOUS COLLEGE DETAILS

College/university name	From	To	COURSE STUDIED	AWARD/GPA

ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE

P.O.BOX.....

TEL.....MOBILE.....

FAX.....

E-MAIL.....

EMPLOYER RECORDS

Please give details of your employment record in the table below.

S/No	Name of Employer	Post Held	Dates

FEE STRUCTURE

All payment shall be paid to BPHACOH bank account

REQUIREMENT

- Bring bank pay in slip to the college
- The fees are payable in full or in two installments at the beginning of each academic year/semester
- Upon return of this form, bring a pay in slip of the application fee of TShs 20,000 paid to BPHACOH miscellaneous account

CRDB	BLUE PHARMA COLLEGE OFHEALTH	0150417961300	TUITION FEE
CRDB	BLUE PHARMA COLLEGE OFHEALTH	0150417961301	ACCOMMODATION & OTHER FEE

A: TUITION FEE PER ANNUM

Basic Technician Certificate in Pharmaceutical science (NTA Level 4)	TShs 1,200,000/= (foreigners) USD 650
Technician Certificate in pharmaceutical science (NTA Level 5)	TShs 1,600,000/= (foreigners)USD 950

Fees should be paid **in full** at the beginning of each academic year **or in two equal installments** at the beginning of each semester

NOTE: The national examination fee and NACTE fees, depends with instructions from NACTE

B:Other charges/payments		
Description	DAY(TShs)	HOSTEL(TShs)
Application fees	20,000	20,000
Accommodation	0	400000
Registration fees	10,000	10,000
Examination fees	150,000	150,000
Meal allowance	0	1,500,000
Medical fees	60,000	60,000
Research/field fees	150,000	150,000
Caution money	50,000	50,000
Student union	10,000	10,000
Admission fee	50,000	50,000
National Examination	-	-
Identity card	10,000	10,000
Clinical coat	30,000	30,000
Graduation fees	50,000	50,000
Other specify	-	-
Continuous assessment per year		50,000
	50,000	
Uniforms	100,000	100,000
NACTE	20,000	20,000
Total cost	760,000	2,660,000

Note 1: All payment other than tuition fee should be paid to the BPHACOH miscellaneous account number stated above.

NOTE 2:

1. National examination fee and NACTE fee it depends with instructions from NACTE
2. Meals costs are optional to a student in need with the service (day students).
3. Some students use fees for other purposes. Therefore, sponsors/ guardians/ parents are advised to pay fees directly to College Bank Accounts. Payment by M-Pesa, TigoPesa, and Airtel Money is **STRICTLY NOT ACCEPTED**
4. Students who possess national health insurance fund (NHIF) cards have to bring their cards, and are encouraged to use them. Those who are not members of NHIF, have to pay every year in order to get the cards

MODE OF APPLICATION

Since incomplete application forms will not be processed, it is important that the applicant checks whether all the items indicated below are included in her/his application submission.

General College Requirements:

- (i) Two duly filled in application forms.
- (ii) Three colored photographs with applicant's name written at the back
- (iii) Two copies of certificates and/or result slips for O-Level or equivalent..
- (iv) Two copies of birth certificate and/or affidavit.
- (v) The original bank pay-in-slip for the payment of the non-refundable application fee.

Application should be done direct to the college principal

BLUE PHAMA COLLEGE OF HEALTH (BPHACOH)

P. O. Box 1570, Singida, Tanzania

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PROGRAM OFFERED

Program Name	Duration	Admission Requirement	Tuition Fees
1.BASIC TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES	1 YEAR	Holder of certificate of secondary Education Examination (CSEE) with four (4) passes in non- religious Subjects including” passes in Chemistry and Biology . A pass in Basic Mathematics and English Language is an added advantage.	TSH 1,200,000
2.TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES	2 YEAR		TSH.1,600,000/=

DECLARATION

I.....certify that the given above information is correct and accept that I will be accountable for any false information given.

SIGNATURE.....

DATE...../...../.....

9.0 FOR OFFICIAL USE ONLY

Application form has been received by the Admissions Officer of Blue Pharma College of Health.

Name of Officer:

.....

Signature: Date...../...../.....

Decision by Department:

Date...../...../.....