

# BLUE PHARMA COLLEGE OF HEALTH (BPCH)



Affix three  
stamp  
Size  
photographs

P. O. BOX 1570, SINGIDA, TANZANIA

---

**Mobile number: 0743358048, 0715551885, 0620323644**

*Website: [www.bphacoh.ac.tz](http://www.bphacoh.ac.tz),*

*E-mail: [admission@bphacoh.ac.tz](mailto:admission@bphacoh.ac.tz)*

## STUDENT APPLICATION FORM FOR 2019/2020

# 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 (Block Letters)

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 .....

Place of birth.....

Citizenship.....

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

<b>CRDB</b>	<b>BLUE PHARMA COLLEGE OFHEALTH</b>	<b>0150417961300</b>	<b>TUITION FEE</b>
<b>CRDB</b>	<b>BLUE PHARMA COLLEGE OFHEALTH</b>	<b>0150417961301</b>	<b>ACCOMMODATION &amp; OTHER FEE</b>

- Upon return of this form, bring a pay in slip of the application fee of TShs 20,000 paid to BPHACOH miscellaneous account

## A: TUITION FEE PER ANNUM

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

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>B:Other charges/payments</b>		
<b>Description</b>	<b>DAY(TShs)</b>	<b>HOSTEL(TShs)</b>
Application fees	20,000	20,000
Accommodation	0	400000
Registration fees	10,000	10,000
Examination fees	150,000	150,000
Meal allowance	0	1500000
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
<b>Total cost</b>	<b>760,000</b>	<b>2,660,000</b>

*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

**Mobile number: 0743358048, 0715551885, 0620323644**

Website: [www.bphacoh.ac.tz](http://www.bphacoh.ac.tz)

E-mail: [admission@bphacoh.ac.tz](mailto:admission@bphacoh.ac.tz)

## PROGRAM OFFERED

<b>Program Name</b>	<b>Duration</b>	<b>Admission Requirement</b>	<b>Tuition Fees</b>
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 <b>Chemistry and Biology</b> . A pass in Basic Mathematics and English Language is an added advantage.	<b>TSH 1,600,000</b>
2.TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES	2 YEAR		<b>TSH.1,600,000/=</b>



**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...../...../.....