

# BLUE PHARMA COLLEGE OF HEALTH (BPHACOH)



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photographs

P. O. BOX 1570, SINGIDA, TANZANIA

**Mobile numbers: 0743358048, 0620323644, 0682487005**

Website: [www.bphacoh.ac.tz](http://www.bphacoh.ac.tz), E-mail: [admission@bphacoh.ac.tz](mailto:admission@bphacoh.ac.tz)

## STUDENT'S APPLICATION FORM FOR ACADEMIC YEAR 2023/2024

Blue Pharma College of Health,  
P.O.Box 1570,  
Singida.  
Tel: 0743358048  
Email: [info@bphacoh.ac.tz](mailto:info@bphacoh.ac.tz),  
[admission@bphacoh.ac.tz](mailto:admission@bphacoh.ac.tz)

**February 2023**

## APPLICATION FEE

Submission of duly filled application forms should be accompanied by payments of non-refundable application fee of **TSH 25,000/=**. This fee may be paid in two instalments for those who will acquire this application form directly from the College Campus: first instalment of Tshs. 5,000/= when taking an application form and second instalment of Tshs. 20,000/= when returning a dully filled form.

All payment should be deposited into the Blue Pharma College of Health Account No.**0150417961301** (Bank: CRDB, Account Name: Blue Pharma College of Health).

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

## PROGRAMMES OFFERED AND MINIMUM ADMISSION CRITERIA

Level of study (NTA level)	Minimum Admission Criteria
4 (First 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.
5 (Second Year)	Holder of Basic Technician Certificate in Pharmaceutical Sciences (NTA level 4) from a technical institution registered and recognized by NACTVET.
6 (Third Year)	Holder of Technician Certificate in Pharmaceutical Sciences (NTA level 5) from a technical institution registered and recognized by NACTVET.

## CHOICE OF THE PROGRAMMES

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

Programmes	Duration	Choices
Technician Certificate in Pharmaceutical Sciences (NTA level 4&5)	2 years	
Ordinary Diploma in Pharmaceutical Sciences (NTA level 4,5 &6)	3 years	

## APPLICANT'S PERSONAL PARTICULARS

1. Please use Block Letters to fill this section.
2. 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.

First Name	
Middle Name	
Surname	
Sex (Male/Female)	
Form Four Index number	
Date of Birth	
Place of birth (Region)	
Physical Address (District)	
Citizenship	
Student's valid Mobile Number	
Students active Email	
Do you have disability? (Yes/No)	
Do you have a criminal conviction? (Yes/No)	
Have you applied for admission to any other institution? (Yes/No)	
If yes in the question above, Name the Institutions:	1.
	2.
	3.
	4.
	5.
	6.

### Applicant's Declaration:

I \_\_\_\_\_ (Full name), declare that, the information provided in the table above is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOW DID YOU KNOW ABOUT BLUE PHARMA COLLEGE? (Tick (√) in the respective cell)**

Possible ways through which one may know Blue Pharma College of Health	Indication (by ticking(√))
Various Media (Radios, Televisions and Social Media etc.)	
Physically visiting/seeing the College campus	
Hearing from College's students and other stakeholders	
Exhibitions	
Others (Mention them below)	
1.	
2.	
3.	
4.	
5.	
6.	

**MODE OF SPONSORSHIP**

Indicate how you intend to finance your studies and your living expenses in Singida (Tick (√) the appropriate cell in the table below)

Financing sources	Indication by ticking (√)
Family savings	
Employer	
Loan	
Others (Mention them)	
1.	
2.	
3.	

### SPONSOR'S DETAILS

First Name	
Middle Name	
Surname	
Relationship (Father, Mother, Guardian)	
Physical Address (District)	
Postal Address	
Valid Mobile number	
Active Email	
Job title	

#### Sponsor's Declaration:

I \_\_\_\_\_ (Full name of sponsor) do hereby accept and take the responsibility of paying the fees and other charges for the applicant if he/she is admitted at Blue Pharma College of Health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EDUCATIONAL BACKGROUND AND EMPLOYMENT RECORDS

#### Educational Background

Copies of all relevant final transcripts/ certificates must be attached with this application, Remember to attach all certificates in case that you repeated to improve your results.

Primary School Education:

School Name	Index number	From (year)	To (year)	Performance (Grade/Division)

### Secondary Education (Ordinary Level)

School Name	Index number	From (year)	To (year)	Performance (Grade/Division)

### Secondary Education (Advanced Level)

School Name	Index number	From (year)	To (year)	Performance (Grade/Division)

### Previous College details

College/university name	From (years)	To (years)	Course/Programme studies	Performance (GPA)

## ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE

Please fill addresses and contacts of the Previous Colleges you mentioned in the table above.

College Name	Address and Contact information	
	Postal Address (P.O.Box):	
	Mobile number:	
	Email:	
	Postal Address (P.O.Box)	
	Mobile number	
	Email:	
	Postal Address (P.O.Box):	
	Mobile number:	
	Email:	

## Employer Records

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

S/No	Name of Employer	Post Held	Dates

## FEE STRUCTURE AND PAYMENT INSTALMENTS

All payment shall be paid to BPHACOH Bank Accounts provided in the tables below. Fees paid to the college will not be refunded unless when the refund situation agrees to the BPHACOH refund policy. All issues regarding college accounts and fees payment shall be communicated directly to a student or sponsor by the Finance office through a letter, Published announcement or bulk message with a sender identification “BLUE PHARMA”

### PAYMENT INSTALMENTS

- The fees are payable in **full** or in **four instalments**.
- First instalment shall be paid at the beginning of semester 1, second instalment during the mid-semester 1, third instalment at the beginning of the second semester and fourth instalment during the mid-semester 2. Threshold dates for payment of the instalments will be published at the end of each academic year.
- Accommodation fee may be paid in **full** or in **two instalments** at the beginning of each semester.
- **Other payments/charges** are payable in full at the beginning of respective academic year.

**NOTE:** Please pay your **tuition fee** and **other charges** fees in an appropriate account as shown in the table below:-

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	ACCOUNT CATEGORY
CRDB	BLUE PHARMA COLLEGE OF HEALTH	0150417961300	TUITION FEE
CRDB	BLUE PHARMA COLLEGE OF HEALTH	0150417961301	OTHER CHARGES & ACCOMMODATION FEE

### TUITION FEE PER ANNUM

Basic Technician Certificate in Pharmaceutical science (NTA Level 4)	Tshs 1,600,000/=
Technician Certificate in pharmaceutical science (NTA Level 5)	Tshs 1,600,000/=
Ordinary Diploma in Pharmaceutical Science (NTA Level 6)	Tshs 1,600,000/=

### OTHER CHARGES DURING THE FIRST YEAR (NTA LEVEL 4)

SN	Descriptions	Amount in Tshs.		Frequency of payment
		Day	Hostel	
1	Registration fees	10,000	10,000	Each year
2	Examination fees (Semester 1)	150,000	150,000	Each year
3	Medical fees (Health Insurance)	60,000	60,000	Each year
4	Research/field fees	150,000	150,000	Each year
5	Caution money	50,000	50,000	Each year
6	Student union	10,000	10,000	Each year
7	Admission fee	50,000	50,000	First year
8	National Examination (Semester II)	150,000	150,000	Each year
9	Identity card	10,000	10,000	First year
10	Clinical coat	30,000	30,000	First year
11	Graduation fees	50,000	50,000	First year
12	Continuous assessment Tests	50,000	50,000	Each year
13	Uniforms	100,000	100,000	First year
14	NACTE Quality Assurance Fee	20,000	20,000	Each year
15	Accommodation	-	400,000	Each year
	Total	890,000	1,290,000	



**OTHER CHARGES DURING THE SECOND (NTA LEVEL 5) AND THIRD YEAR (NTA LEVEL 6)**

SN	Descriptions	Amount in Tshs.	
		Day	Hostel
1	Registration fees	10,000	10,000
2	Examination fees (Semester 1)	150,000	150,000
3	Medical fees (Health Insurance)	60,000	60,000
4	Research/field fees	150,000	150,000
5	Caution money	-	-
6	Student union	10,000	10,000
7	Admission fee	-	-
8	National Examination (Semester II)	150,000	150,000
9	Identity card	-	-
10	Clinical coat	-	-
11	Graduation fees	-	-
12	Continuous assessment Tests	50,000	50,000
13	Uniforms	-	-
14	NACTE Quality Assurance Fee	20,000	20,000
15	Accommodation	-	400,000
	Total	600,000	1,000,000

**NOTE:**

1. National examination fee (Semester II) and NACTVET Quality Assurance fee may change depending on the authority directives. Any changes will be communicated officially to students and their sponsors.
2. Meals costs are optional, any student in need with the service (especially those residing in the College Hostels) will be required to pay Tanzania shillings one million five hundred thousand (1,500,000/=) to the College's other charges account per year.

3. Some students use fees for other purposes. Therefore, sponsors/ guardians/ parents are advised to pay fees directly to College Bank Accounts.
4. Payment by MPesa, TigoPesa, and Airtel Money and other mobile applications is **STRICTLY NOT ACCEPTED**
5. Students who are insured by any Health Insurance Agency have to bring their cards, and are encouraged to use them. Those who are not insured, have to pay every year for health insurance. NO students will be allowed to proceed with studies without being insured by health insurance agency.

### **REQUIRED ATTACHEMENTS TO APPLICATION FORM**

Be informed that, 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 before submission.

#### **General College Requirements:**

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

### **MODE OF SUBMISSION OF APPLICATION FORMS**

Dully filled form with all required attachments may be submitted directly to the College Principals office in the College campus located at Singida Municipal nearby TRA building. Or be sent to the College's Principal through the following postal address or emailed through [admission@bphacoh.ac.tz](mailto:admission@bphacoh.ac.tz)

**Principal,  
Blue Pharma College of Health,  
P.O.Box 1570,  
Singida.**

### **FOR OFFICIAL USE ONLY**

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

Name of the Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Decision by Department: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_