

BLUE PHARMA COLLEGE OF HEALTH (BPHACOH)



Affix three
stamp
Size
photographs

P. O. BOX 1570, SINGIDA, TANZANIA

Mobile number: 0743358048, 0715551885, 0620323644

Website: www.bphacoh.ac.tz,

E-mail: admission@bphacoh.ac.tz

STUDENT'S APPLICATION FORM FOR 2022/2023 ACADEMIC YEAR

STUDENT'S APPLICATION FORM FOR 2022/2023

SEPTEMBER INTAKE

APPLICATION FEE

Submission of duly filed application forms should be accompanied by payments of non-refundable application fee of **TSH 25,000/=**. 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
Certificate in Pharmaceutical Science (NTA Level 4 &5)	Two years	
Ordinary Diploma in Pharmaceutical Science (NTA Level 6)	Three 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)

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.....
.....

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..... (Full name of sponsor) do hereby accept 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.....

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 Accounts

REQUIREMENTS

- Bring bank pay- in-slip to the college
- The fees are payable in **full** or in **four installments** at the beginning and middle of each semester.
- Accommodation fee may be paid in **full** or in **two installments** at the beginning of every semester.
- **Other payments/charges** are payable in full at the beginning of academic year.
- Upon return of this form, bring a pay in slip of the application fee of TShs **20,000/=** paid to BPHACOH miscellaneous account.(**Account No.0150417961301.**)

NOTE: Please pay your **tuition fee** and **other charges** fees inappropriate 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

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
Ordinary Diploma in Pharmaceutical Science (NTA Level 6)	TShs 1,600,000/= (foreigners)USD

Fees should be paid **in full** at the beginning of each academic year **or four 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	25,000	25,000
Accommodation	0	400000
Registration fees	10,000	10,000
Examination fees	150,000	150,000
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	150,000	150,000
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	915,000	1,315,000

NOTE 1: For Hostel students are required to depend themselves on meals allowance, otherwise should pay to the college 1,500,000/= per year for meal allowance.

NOTE 2: All payment other than tuition fee should be paid to the BPHACOH miscellaneous account number stated above.

NOTE 3:

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) four 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 sent 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 E-mail: admission@bphacoh.ac.tz

PROGRAM OFFERED

PROGRAM NAME	DURATION	ADMISSION REQUIREMENT	TUITION FEES
<p style="text-align: center;">CERTIFICATE IN PHARMACEUTICAL SCIENCES (NTA L 4&5)</p>	<p>TWO YEARS</p>	<p>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</p>	<p>TSH 1,600,000</p>
			<p>TSH.1,600,000/=</p>
<p style="text-align: center;">ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES (NTA L 6)</p>	<p>THREE YEARS</p>	<p>Language is an added advantage.</p>	

STUDENT'S DECLARATION

I..... (Full name of student) do hereby certify that the above given information are correct and I accept that, I will be accountable for any false information given.

SIGNATURE.....

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

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...../...../.....