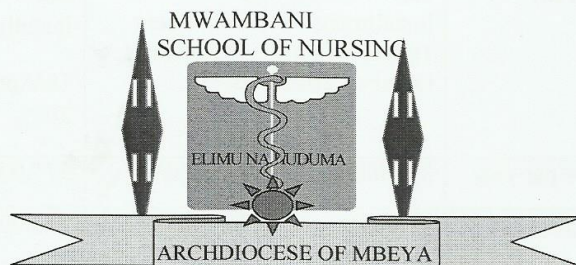


MWAMBANI HEALTH TRAINING INSTITUTE  
P.O.BOX 179  
MBEYA



TEL.NO 0752027945/ 0764-420779  
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KUMBU NA. MWNS/MC/VOL III/ 162

DATE: 16<sup>th</sup> August , 2022

**RE: JOINING INSTRUCTION FOR DIPLOMA IN CLINICAL MEDICINE PROGRAM AT  
MWAMBANI HEALTH TRAINING INSTITUTE ACADEMI YEAR 2022/2023**

Dear/sr/madam,

I am pleased to inform you..... that you have been selected to join Mwambani Health Training Institute for Diploma in Clinical Medicine in Academic year 2022/2023. Mwambani Health Training Institute has been registered by NACTVET with Reg. No. REG/HAS/089 in full accreditation.

**Let me take this opportunity to congratulate you!**

Mwambani Health Training Institute is within Songwe Region (formerly Mbeya Region) located in Songwe District, (formerly Chunya District) Kwimba Division, Mkwajuni ward, at Mkwajuni village. The village is about 100 kilometers from Mbalizi Town. The institution admits all students regardless of their faith though one must adhere to our rules and regulations.

In order to keep your vacancy you are required to pay/ deposit TSH 20,000/= (non-refundable) to **NMB 63110001375 MKWAJUNI SONGWE OR IN ANY NMB BRANCH**. The vacancy may be given to someone else if you delay more than two weeks of reporting date or if you do not pay the amount mentioned above

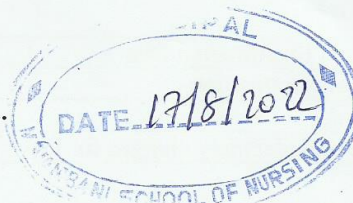
To complete your registration, you are required to:

1. Submit all receipt of payment (application fees, tuition fees and other contributions) with the bank pay-in- slip to the school accountant
2. Present four passport size picture, your original secondary school certificates or results slip, school leaving certificate and birth certificates. Student who reports without his/her original certificate for secondary school education will not be registered.
3. Undergo a medical examination and bring with them a medical certificate of fitness. (medical examination form attached)
4. Confirm in writing that sponsor will be able to pay or afford the school fees throughout the study.
5. Show a permission letter from employer that allows him/her to join the institute unless he/she is self-employed.(this is for in-service students)

All students are required to report on 3<sup>rd</sup>/October /2022. Students who reports two weeks after the opening date will loose the chance to join the institute.

**I wish you a happy stay and study at our school**

*Sr. Mkele*  
.....  
THE PRINCIPAL



1

**On the opening date to the school you will be required to do the following**

**1.To register yourself at the principals office after payment of the required fees**

**2.For the purpose of registration, it is compulsory to bring with you, your original secondary school certificates or results slip, school leaving certificate and birth certificates. Any student who reports without his/her original certificate of the secondary school education will not be accepted for registration.**

### **3.Admission:**

- The reporting date to the school will be on **03<sup>rd</sup> October /2022**
- The registration/orientation period will take only two weeks after reporting to the school From **03<sup>rd</sup> /October /2022 to 30/10/2022**
- All candidates are required to undergo a medical examination and bring with them a medical certificate of fitness. (medical examination form attached)
- Each student is required to confirm in writing that he/she or his/her sponsor is able to pay or to afford the school fees through out his/her period of study.
- Each student has to show a permission letter from his/her employer that allows him/her to study/ unless otherwise he/she is self-employed.(this is for those in-service students)

### **4.Registration:**

- You are required to register within two weeks of the start of the study calendar
- During registration you will also be required to sign that you will abide to the rules and regulations laid down by the MoHCDGEC and the school.
- After registration period and orientation the study will begin ( after two weeks)

#### **SCHOOL FEES STRUCTURE ACADEMIC YEAR 2022/2023. BOARDIING AND DAY**

Item	Tanzania (Tsh)	1st installment 18 Reporting October 2022	2 <sup>nd</sup> Installment 18/January 2023	3rd installement 18/April 2023	4th installement 18/July 2023
Tuition fees	1,500,000/= per year	375,000/=	375,000/=	375,000/=	375,000/=
Accomodation (Hostel) for Optional	300,000/= per year	75,000/=	75,000/=	75,000	75,000/=
<b>Total</b>	<b>1,800,000/= per year</b>	<b>450,000</b>	<b>450,000/=</b>	<b>450,000/=</b>	<b>450,000/=</b>
<b>NAME OF THE ACCOUNT: NMB 63110001375 MKWAJUNI SONGWE OR IN ANY NMB BRANCH</b>					

#### **OTHER CONTRIBUTIONS FOR BOARDING AND DAY**

S/N	DESCRIPTION	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR
1.	Internal examinations	150,000/=	150,000/=	150,000/=
2.	National Examination fees	150,000/=	150,000/=	150,000/=
3.	NACTE Quality assurance fees	15,000/=	15,000/=	15,000/=
4.	Maintenance fees	50,000/=	50,000/=	50,000/=
5.	Water and electicty charges for Day	100,000/=	100,000/=	100,000/=
6.	CSSC	5,000/=	5,000/=	5,000/=
7.	College development	20,000/=	20,000/=	20,000/=
8.	Derivery book	-	20,000/=	
9.	Pv Book	-	20,000/=	
10.	Procedure Book	15,000/=		

11.	Health insurance (NHIF)	50,400/=	50,400/=	50,400/=
12.	Community Field Work (non-refundable) (for supervision only)	-	150,000/=	
13.	ID Card	10,000/=	-	-
	<b>Total</b>	<b>565,400/=</b>	<b>730,400/=</b>	<b>540,400/=</b>

### MODE OF PAYMENT FOR OTHER CONTRIBUTIONS BOARDING AND DAY

		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
1st installment October 2023		<b>1st installment October 2022</b>	<b>1st installment October 2023</b>	<b>1st installment October 2024</b>
	Internal examinations	75,000/=	75,000/=	75,000/=
	Nacte Quality assurance Fees	15,000/=	15,000/=	15,000/=
	CSSC	5,000/=	5,000/=	5,000/=
	Procedure Book	15,000/=	-	-
	Health Insurance (NHIF)	50,400/=	50,400/=	50,400/=
	Water and electricity charges for Day	50,000/=	50,000/=	50,000/=
	College development	20,000/=	20,000/=	20,000/=
	Maintenance fees	50,000/=	50,000/=	50,000/=
	ID Card	10,000/=	-	
1.	<b>1st installment October 2023</b>	<b>290,400</b>	<b>265,400/=</b>	<b>265,400/=</b>
2		<b>2st installment January 2023</b>	<b>2st installment January 2024</b>	<b>2st installment January 2025</b>
	National Examination fees	150,000/=	150,000/=	150,000/=
	Internal examination	75,000/=	75,000/=	75,000/=
	PV book		20,000/=	-
	Derivery Book		20,000/=	-
	Water and electricity charges for Day	50,000/=	50,000/=	50,000/=
	Community Field Work (non-refundable) (for supervision only)		150,000/=	
		<b>2st installment January 2023</b>	<b>275,000/=</b>	<b>465,000/=</b>

- Fees should be paid in Full at the beginning of each academic year or **in four installments**.
- The school management/ authority reserve the right to change school fees without prior notice.
- All fees must be paid through the school bank account as follows
  - ✓ NAME OF THE ACCOUNTS: **MWAMBANI SCHOOL OF NURSING**
  - ✓ **NMB 63110001375 MKWAJUNI SONGWE OR IN ANY NMB BRANCH**
- The bank pay-in- slip should be submitted to the school accountant/ principal or cashier for receipt/ acknowledgement.
- No student will be allowed to sit for end of semester examination unless he/she has paid for school fees at that semester.
- No student shall use school fees for other purposes; therefore you are advised to pay school fees directly to the school bank account.
- During the whole stay at the school, the student has an option to be **OFF CAMPUS OR IN CAMPUS**.
- Students who possess National Health Insurance Fund cards have to bring their cards to the principal and those who have no NHIF will be required to pay the amount of money mentioned

above each year in order for them to get cards that will be used for treatment in case they get ill-health related problems

- Remember that ALL payments/contributions must be paid at the beginning of the respective academic year/ semester and must be paid at the above mentioned banks. **Not Otherwise**
- Every students shall bring **two reams of A4** (photocopying paper) in each semester for conducting internal examination including semesters and Continuous Assessment Test

#### **Students learning Kit with the following instrument:**

- Surgical glove 1 box, clean glove 1 box, tape measure 1, bp mashine 1, cotton wool 1 roll, thermometer 1, stethoscope 1, and gauze 1 roll

#### **Stationeries**

- Stationeries for writing 3 counter books 4 quires and 6 small counter books
- Every student shall bring **two reams of A4** (photocopying paper) in each semester for conducting internal examination including semesters and Continuous Assessment Tests)

#### **OTHER REQUIREMENTS**

School uniform Pink dress in accordance with NACTVET guidelines for girls and For boys white cotton pants and a white shirt with a Kaunda pattern suit

- (this is applicable only for pre- services students)
- Shoes black colour or white or brown
- White Sweta
- Tshert kijivu Sket nyeusi Tshert kijivu, Suruali nyeusi kwa wavulana
- Stationeries for writing 3 counter books 4 quires and 6 small counter books
- Sport wear
- Night dress/ pajamas
- 2 bed sheets of blue/pink/light blue
- 1 pillow and 2 pillow cases
- 2 pairs of white socks
- 2 buckets for bathing
- Second wrist watch
- Enough washing soap, toothbrush and toothpaste

#### **DOMITORIES REGULATIONS**

- Waking up 5:30 am
- Chapel 7:30-7:50 am
- Lecture starts at 8:00 am
- Tea break 10:30-11:00 am
- Lunch time 3:00 pm
- Sports on Wednesday and Saturdays for every week starts 5.00 – 6,00 pm
- Dinner starts 6 00 pm-7.00 pm
- Study time (prep) 8:00-11:00 pm
- **ALL lights must be turned off at 11:00pm**
- Food is not allowed in the dormitories
- Students are allowed to go for worship and reporting time 6:00 pm
- All students **MUST** do cleaning work in their dormitories, classrooms, and environment
- Saturdays will be for gardening and general cleaning work but also for performing CATs (Continuous Assessment Tests)
- Electricity appliances are not allowed in the hostel, e g heaters electrical stoves, electrical cooker.
- Muslims are allowed to go to the mosques on Friday

**SPONSOR AFFIDAVIT OF SUPPORT**

Please complete the following information and sign below if you are willing to sponsor the student's (and dependents if applicable) full cost of tuition fees and living expenses for the full length of the program:

Signature of sponsor .....Date ...../...../.....

Name of Sponsor: .....

Relationship of Sponsor to applicant .....

Address of Sponsor: .....

Phone Number .....

**Certification of Applicant**

I certify that the above information is true and complete to the best of my knowledge. I am fully aware that any false or misleading statement may result in an automatic of my admission request or eventual dismissal from the studies.

Signature of applicant ..... Date: ...../...../.....

Phone Number: .....

MEDICAL EXAMINATION FORM FOR STUDENTS JOINING FOR NURSING SCHOL  
TRAINING INSTITUTIONS AND NURSING SCHOOLS

NAME OF THE INSTITUTION: .....

PROGRAMME: .....

YEAR OF STUDY: .....

PART A: STUDENT'S PARTICULARS

STUDENT'S FULL NAME: .....

DATE OF BIRTH: .....

SEX: (Male/Female).....MARITAL STATUS: .....

PART B: STUDENT'S MEDICAL HISTORY

Does the examinee have current history of any of the following? Indicate YES or NO

Tuberculosis?.....

Epilepsy? .....

Sickle cell? .....

Asthmatic or with Allergic to something (specify)? .....

Psychiatric? .....

Vision impairment? .....

Hearing disorder? .....

Physical disability? .....

Any other significant medical condition/disorder? (please specify) .....

PART C: PHYSICAL EXAMINATION

Height (cm): ..... Weight (kg): ..... BP (mmHg): .....

Any significant finding from systemic examinations (please specify):

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

PART D: INVESTIGATIONS' FINDINGS

Please indicate any significant finding from the following Laboratory and

Radiological tests FBP:.....Urinalysis:.....

Random Blood Sugar (provide the results): .....

Stool analysis: .....

Any other relevant investigation performed (please give brief findings):

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

PART E: CONCLUSION

I have examined

Mr./Miss/Mrs..... and

Consider that he/she is physically and mentally fit/not fit to be admitted to the college for studies.

.....

Name

Signature

Date

Qualification .....

Title .....

Hospital's Name: .....

(Official hospital's stamp)