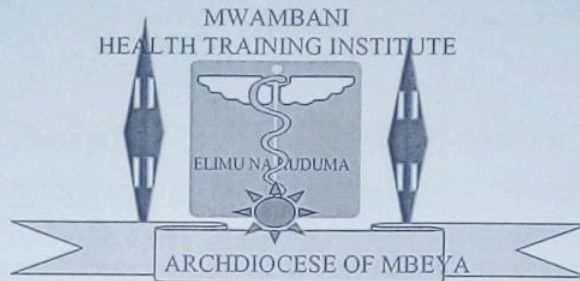


MWAMBANI HEALTH TRAINING INSTITUTE
P.O.BOX 179
MBEYA



TEL.NO 0752027945/ 0764-420779
Email:mwambanintc@yahoo.com
www.mwambanischoolofnursing.ac.tz
REF NO. MWNS/MC/VOL III/ 162

DATE: 14th August , 2023

**RE: JOINING INSTRUCTION FOR DIPLOMA IN CLINICAL MEDICINE PROGRAM AT
MWAMBANI HEALTH TRAINING INSTITUTE ACADEMI YEAR 2023/2027**

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 **2023/2024**. Mwambani Health Training Institute has been registered by NACTVET with Reg. No. REG/HAS/089 in full accreditation. **CONGRATULATION**.

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 any NMB Branch A/C NAME: **MWAMBANI NURSING SCHOOL**, A/C number **63110001375**. The vacancy may be given to someone else if you delay more than two weeks from reporting date. If you do not pay amount mentioned above.

To complete your registration, you are required to:

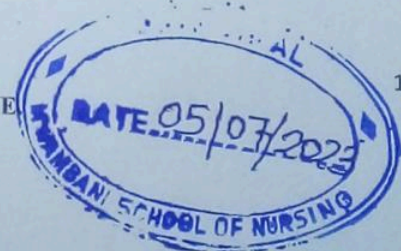
1. Submit all receipt of payment (application fees, tuition fees and other contributions) with the bank pay-in-slip to the school accountant
2. Present four passport size picture, your original secondary school certificate or results slip and birth certificates. Students who reports without original certificate for secondary school education will not be registered.
3. Undergo medical examination to any health facility and submit medical examination form .
4. Confirm in writing that sponsor will be able to pay or afford the school fees throughout the study.
5. For upgrading students should submit 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 **2nd October, 2023**. Students who reports two weeks after the opening date will lose the chance to join the institute.

Registration/orientation will take two weeks only after reporting date, studies will commence on **16th October, 2023**.

I wish you a happy stay and study at our school

BWilla
Sr VICTORIA NKESHIYAREMYE
THE PRINCIPAL



SCHOOL FEES STRUCTURE ACADEMIC YEAR 2022/2023.

Item	Tanzania (Tsh)	1st instalment Reporting October 2023	2 nd Instalment January 2024	3rd instalement April 2024	4th instalement July 2024
Tuition fees	1,200,000.00	300,000.00	300,000.00	300,000.00	300,000.00

NAME OF THE ACCOUNT: NMB 63110001375 MKWAJUNI SONGWE OR IN ANY NMB BRANCH

OTHER CONTRIBUTIONS NOT CONNECTED WITH SCHOOL FEES

S/N	DESCRIPTION	1 ST YEAR	2 ND YEAR	3 RD YEAR
1.	Internal examinations	150,000.00	150,000.00	150,000.00
2.	National Examination fees	150,000.00	150,000.00	150,000.00
3.	NACTE Quality assurance fees	15,000.00	15,000.00	15,000.00
4	Maintenance fees	100,000.00	100,000.00	100,000.00
5	Water and electricity charges for Day	100,000.00	100,000.00	100,000.00
6	CSSC	5,000.00	5,000.00	5,000.00
7	College development	50,000.00	50,000.00	50,000.00
8	Procedure Book	15,000.00	15,000.00	15,000.00
9	Health insurance (NHIF)	50,400.00	50,400.00	50,400.00
10	Community Field Work (Research) (for supervision only)			150,000.00
11	hospital field attachment			150,000.00
12	ID Card	10,000.00	-	-
13	Clinical supervision	50,000.00	50,000.00	50,000.00
14	T-shirt	30,000.00		
	Total	725,400.00	685,400.00	985,400.00

MODE OF PAYMENT FOR OTHER CONTRIBUTIONS

		1 st Year	2 nd Year	3 rd Year
1 st Installment October 2023		1st instalment October 2023	1st instalment October 2023	1st instalment October 2023
	Internal examinations	75,000.00	75,000.00	75,000.00
	Nacte Quality Assuarence Fees	15,000.00	15,000.00	15,000.00
	CSSC	5,000.00	5,000.00	5,000.00
	Procedure Book	15,000.00	15,000.00	15,000.00
	Health Insuarence (NHIF)	50,400.00	50,400.00	50,400.00
	Water and electticty charges for Day	50,000.00	50,000.00	50,000.00
	College development	25,000/=	25,000.00	25,000.00
	Maintenance fees	50,000/=	50,000.00	50,000.00
	ID Card	10,000/=	-	-
	T-shirt	30,000/=	-	-
	Community Field Work (non-refundable) (for supevision only)	-	-	150,000/=
	Hospital field attachment	-	-	150,000.00
	1st installment October 2023	325,400/=	285,400.00	585,400.00
2 nd Installment April 2024		2 nd installment April 2024	2 nd installment April 2024	2 nd installment April 2024
	National Examination fees	150,000/=	150,000/=	150,000/=
	Internal examination	75,000/=	75,000/=	75,000/=
	Clinical Supervision	50,000/=	50,000/=	50,000/=
	Water and electticty charges for Day	50,000/=	50,000/=	50,000/=
	College development	25,000/=	25,000/=	25,000/=
	Maintenance fess	50,000/=	50,000/=	50,000/=
	2st installment April 2024	400,000/=	400,000/=	400,000/=

All fees must be paid through the school bank account as follows

- ACC. NAME: AMWAMBANI SCHOOL OF NURSING
- ACC. NO: 63110001375 NMB (Mkwajuni-Songwe or in any NMB branch)

- 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.

Personal requirements

Uniform two khaki pants (suruali) and two white shirts (mikono Mifupi), for girls two white dresses with short sleeves

Two black skirts and boys Two Black Trousers

- Black colour, white or brown leather shoes. (Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas.
- Two bed sheets of blue/pink/light blue for boarding students
- White Sweater
- One pillow and 2 pillow cases
- Two pairs of white socks for girls and boys black socks
- 2 Clinical coats

Students learning Kit with the following instrument:

- Blood Pressure machine, Stethoscope, thermometer, Examination torch, Tape measure, Torniquet, Patella hammer, Otoscope, Tuning fork, and Pen touch One box of clean Gloves for personal practical clinical sessions one Cotton Wool, Pulse oximeter, stop watch and MUAC (Mid Upper Arm Circumference)

Stationeries

- Stationeries for writing 7 counter book
- Every student shall bring **two reams of A4** (photocopying paper) in each semester for conducting internal examination including semesters and Continuous Assessment Tests)

NB:

1. No students shall be allowed to postpone studies after the academic year has begun except under special circumstances. Permission to postpone studies shall be considered after the student has produced satisfactory evidence of the reasons for postponement to the director/principal. Special circumstance shall include ill health or serious social problems.
2. In case a student supplements any subject in national examination. There will be an extra charge of **TSHS 200,000/=**
3. In case students fails to attend any internal examination without any genuine reason (s), he/she will pay the penalty of **TSHS 50,000/=**
4. Community field work, research and mental health contribution are paid for supervision only. Does not include accommodation and transport.
5. **No any payment will be refunded after being paid/withdraw from the account with any kind of reasons once a student is admitted to any course of study.**
6. The bank original pay-in-slip should be submitted to the institute accountant or cashier for receipt/acknowledgement.

NOTE: PAYMENT BY M-PESA AND AIRTEL MONEY OR ANY MOBILE NUMBER IS STRICTLY NOT ACCEPTED. WE DO NOT HAVE ANY AGENTS FOR FEES OR ANY OTHER CHARGE COLLECTION. We strongly advise parents/guardians to pay through bank account and give their students a pay in slip

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

MEDICAL EXAMINATION FORM FOR STUDENTS JOINING CLINICAL MEDICINE
TRAINING INSTITUTIONS

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):

1. Respiratory system
.....
.....
2. Cardiovascular system
.....
.....
3. Per abdomen
.....
.....
4. Central nervous system
.....
.....

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)

- 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

**YOU ARE WARMLY WELCOME AT MWAMBANI HEALTH TRAINING INSTITUTE
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 sponsorDate/...../.....

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: