



PADRE PIO COLLEGE OF HEALTH AND ALLIED SCIENCES (PCoHAS)

P.O. Box 45801, Dar es salaam– Tanzania.

Mobile: +255 757 743547/+255 736 743 547/+255 679 743 547.

Website: www.pcohas.ac.tz E-mail: admission.pcohas@gmail.com

STUDENT APPLICATION FORM

(Please carefully read the instructions before filling this form)

Academic year for which admission is sought (e.g. 2023/2024)

Attach one colored
passport size
photos

(RECENTLY)

1. ADMISSION REQUIREMENTS

Programme Name	Admission requirements
Diploma in Clinical Medicine	Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) passes in non-religious subjects including Chemistry, Biology and Physics/Engineering Sciences. A pass in Basic Mathematics and English Language is an added advantage
Diploma in Clinical Medicine (Upgrading)	Holder of NTA 5 in Clinical Medicine
Diploma in Pharmaceutical Sciences	Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) passes in non-religious subjects including Chemistry and Biology
Diploma in Pharmaceutical Sciences (Upgrading)	Holder of NTA 5 in Pharmaceutical Sciences
Diploma in Social Work	Holders of Certificate of Secondary Education Examination (CSEE) with at least four passes, excluding religious subjects Or NVA level 3 with at least three passes Holder of NTA 5 in Social Work
Technician Certificate in Social Work	Holders of Basic Technician Certificate (NTA Level 4) in Community Development, Gender, Social Work, Local Government Administration OR Advanced Certificate of Secondary Education (ACSEE) at least one Principal pass and one Subsidiary

2.0 CHOICE OF ACADEMIC PROGRAMME

Programme Name	Programme Duration	Choice of Programme
<i>E.g. Pharmaceutical sciences</i>	<i>One year</i>	1st Choice
Diploma in Clinical Medicine	Three years	
Diploma in Clinical Medicine (Upgrading)	One year	
Diploma in Pharmaceutical Sciences	Three years	
Diploma in Pharmaceutical Sciences (Upgrading)	One year	
Diploma in Social Work	Three years	
Diploma in Social Work	2 years	
Technician Certificate in Clinical Medicine	Two years	
Technician Certificate in Pharmaceutical Sciences		
Technician Certificate in Social Work		
Basic Certificate in Pharmaceutical Sciences	One year	
Basic Certificate in Social Work		
<div><input type="checkbox"/></div> <i>Tick () to be admitted into another programme in case your preferable choices are full</i>		

2.1 APPLICANT DETAILS

2.1: Personal Particulars			
Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	Gender: Male / Female <input type="checkbox"/>	Marital status: Single: <input type="checkbox"/> Married <input type="checkbox"/>
Do you consider yourself disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permanent home address:			
Country: <input type="text"/>	Region <input type="text"/>	District <input type="text"/>	
Contacts: e-mail addresses <input type="text"/>	Mobile No. <input type="text"/>		

2.2: Education Details

(Your qualifications must demonstrate eligibility for the course, complete in BLOCK letter type)

List all academic qualifications that you have achieved FROM "primary school, "Ordinary level 'form four", and/ or "Advanced level 'form six'" level grade or equivalent. Copies of All relevant final transcripts must be attached with this application.

Qualifications	Year of study		School Name	Index No.
	From	To		
Primary				
Ordinary				
Advanced				

Previous College Details

Qualification	From	To	College Name	Course studied

2.3: Accommodation (tick✓ if you need accommodation)

Accommodation YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Hostel is **freely available** to all first-year students. All residents are required to sign an accommodation tenant agreement form/contract before allocated to the room.

2.4: Finance

Indicate how you intend to finance your studies and your living expenses in Dar es Salaam

How will you finance your studies in PCoHAS? Family ☐ Employer ☐ Loan ☐ Others ☐

Sponsor Name:		Occupation:	
Mobile No.		E-mail address:	
Relationship			

Sponsor Declaration: *I have agreed to finance the above-named application his/her studies at PCOHAS and agreed to release funds for tuition fees and living expenses as and when required.*

Signed: Name Date:

2.5: Referees (Please complete in BLOCK letter or type)

Please provide the names of two referees;

Name	Physical Address	Mobile No	E-mail

3.0: Fee structure for 2023/2024

- ❖ All payments shall be paid to Padre Pio Tanzania co Limited Bank accounts at NMB Bank Plc Account No: **20710036007**
- ❖ Bring bank pay-in slips to the college.
- ❖ The fees are payable in full/half or in four installments as the payment schedule provided
- ❖ Upon Return of this form, bring the pay-in slip of the application fee of Tshs. 30,000/= Paid to **NMB bank Account No: 20710036007**

3.1: Tuition fee per annum	Fees (in TZS)
Diploma in Clinical Medicine	2,000,000
Diploma in Pharmaceutical Sciences	1,900,000
Diploma in Social Work	800,000

3.2: Other charges/ costs for 2023/2024

S/No	ITEM	Diploma in Clinical Medicine	Diploma in Pharmaceutical Sciences	Diploma in Social Work
1.	Registration fee per semester	38,000	38,000	38,000
2.	Identity Card	10,000	10,000	10,000
3.	NACTE QA and Verification fee	15,000	15,000	15,000
4.	Caution Money (Non-refundable)	20,000	20,000	20,000
5.	Student Union Fee	15,000	15,000	15,000
6.	Local examination	200,000	200,000	200,000
7.	Practical Procedure Book& Guide	100,000	100,000	50,000
	TOTAL	398,000	398,000	348,000

4.0: Mode of Application

Please attach the following into application form

- ❖ Original bank pay-in slips
- ❖ Photocopy of Birth Certificate
- ❖ Photocopy of Academic certificates (Form four)/ Results Slip
- ❖ Fixed one colored passport size photo on the dully filled application form.

Application should be done directly to Padre Pio College of Health and Allied Sciences (PCOHAS) via Website www.pcohas.ac.tz or send your scanned dully filled application form to admission.pcohas@gmail.com or for more details please call us:
Mob: **0757 743 547, 0736 743 547 or 0679 743 547.**

5.0: Declaration

I..... certify that the given above information is correct and I accept that I will be accountable for any false information given.

SIGNATURE.....

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