

Faraja Health Training Institute



Email: info@farajahealth.ac.tz
Email: farajahealth@yahoo.com
Website: farajahealth.ac.tz
P.O. Box 53 Himo
Phone +255 676 486 094 &
+255 719 796 160
+255 753 567 793

COLLEGE REG. NUMBER – REG/HAS/167

APPLICATION FORM

ATTACH THREE
PASSPORT SIZE
PHOTOGRAPHS

Application form instructions:

1. Please fill in the form in **BLOCK** letters in all sections.
2. Return completed application form to the College before the deadline, with attached photocopies of academic and birth certificates.
3. Attach Photocopy of Pay-in slip receipt of Tshs. 40,000/= for application form fee.

You will be required to present the Original pay-in slip to the College Accountant during the registration week.

NOTE: **APPLICATION FEE IS NON-REFUNDABLE**

4. All application fees must be paid through bank
 - i. College fee and registration fee Account No. **42910006885** NMB Bank (Faraja Health Training Institute). Tsh 2,115,000/= Per year
 - ii. Hostel Account No. **42910006886** NMB Bank (Faraja Health Training Institute)
Tsh 175,000 Per Semester

NB: Admission committee will not review incomplete application forms.

MINIMUM ENTRY REQUIREMENTS

Subjects	CHEMISTRY	BIOLOGY	PHYSICS/ ENGINEERING	MATHEMATICS	ENGLISH
Diploma in Clinical Medicine	D	D	D	D	D
REQUIREMENTS	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology and Physics/Engineering Sciences a Pass in Basic Mathematics and English Language is an added advantage.				

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Section A: (To be filled by applicant)

1. Personal Information: (Full names as they appear in your Academic Certificates)

First NameMiddle.....

Surname

- Date of Birth (dd-mm-yyyy): Place of Birth

- Gender: Male / Female (*Circle the appropriate response*)

- Marital Status: [] Married [] Single (*Put a tick where appropriate ✓*)

- Do you have any physical disability (YES / NO) – if YES indicate type of disability
.....

- Personal Mobile Number E-mail:

- Next of Kin Mobile Number E-mail

COURSES OFFERED:

CERTIFICATE & DIPLOMA IN CLINICAL MEDICINE (CM)

SECTION B:

Direct Personal Contact Address (Fill the correct address)

P.O. Box District/Town.....Region

Country.....Tel/Mobile E-mail.....

SECTION C:

Education History (To be filled by Applicant)

Primary School Education:

Name of Primary school	Year completed	District	Region	Awards

Secondary School Education

Name of the Secondary School	Year completed	Index No.	Awards