

# Faraja Health Training Institute



Email: info@farajahealth.ac.tz  
Email: farajahealth@yahoo.com  
Website: farajahealth.ac.tz  
P.O. Box 53 Himo  
Phone +255 762 303 379 &  
+255 654 989 404  
+255 673 960 289

**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. You are required to prepare Tshs.15, 000/= as application fee after generation of control number in NACTVET system.

NOTE: APPLICATION FEE IS NON-REFUNDABLE

4. The application fees must be paid through **CONTROL NUMBER GENERATED** in NACTVET system.
  - 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 350,000 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
<b>REQUIREMENTS</b>	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 Name .....Middle.....

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:

**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	Form IV Index No.	Awards