P.O.BOX 761
Songea
Ruvuma
Tanzania
REG/HAS/184

Website: www.tocohas.ac.tz
Email: tocohastz@gmail.com
Tel 1: +255 718 993 030,
Tel 2: +255 754 353 672,
OTHER CONTACTS; 0767488538/0767103313/0628917522

APPLICATION FORM FOR DIFFERENT CERTIFICATE PROGRAMS - STUDY YEAR 2020/2021

Note:

- Before completing this application form, make sure that you have paid Application fee Tsh 20,000/- to the following account
  Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC.
  Account Number: 61810035331
  Bank: National Microfinance Bank (NMB)
  Then, Scan your bank slip ID and attach with this form
- Remember that once you will be selected there is non-refundable fee of Tsh 30,000/- that should be immediately paid for NACTE Admission
- Those fields that contains red stars are mandatory fields

How to submit this form

- After filling this form you are required to do the following;-
  - If you are nearby our college, You can deliver this form direct to our college
  - If you took this form from our agent, then deliver it to the same agent you took from
  - If you have downloaded from our website, www.tocohas.ac.tz you are required to fill it then scan every filled parts and then send it to the following official e-mails
    tocohastz@gmail.com or principal@tocohas.ac.tz

Attachments

- **The following attachments must be accompanied by your application form**
  1. **O-level certificate**
  2. **Birth certificate and**
  3. **Bank slip that shows you have paid Tsh 20,000/- as application fee**
  4. **Result slip (For students who wishes to upgrade)**

SECTION 1: APPLICANT DETAILS (TO BE FILLED IN CAPITAL LETTER ONLY)

First Name*	Second Name*	Surname*	Date of birth*

Nationality (Tick required)		Gender * (Tick required)		Marital status (Tick required)		Do you have disability? (Tick required)	
Tanzanian		Male		Single		Yes	
Outsider (OS)		Female		Married		No	

Do you have a criminal Conviction? (Tick required)		State this conviction	How many Years did You convicted?
Yes			
No			

SECTION 2: APPLICANT CONTACTS AND ADDRESS (TO BE FILLED IN CAPITAL LETTER ONLY)

You Phone Number*		Parent/Guardian Phone Number*	Post Office Box
Mobile			
E-mail *			

Current residence/Street/Village*	District	City (Region)*

Which admission Intake do you select?

MARCH 2020 INTAKE ……...……

SEPTEMBER 2020 INTAKE ……...……

MARCH 2021 INTAKE ……...……

SEPTEMBER 2021 INTAKE ……...……

SECTION 3: EDUCATIONAL BACKGROUND AND COURSE TO APPLY (TO BE FILLED IN CAPITAL LETTER ONLY)

Primary school Name	**From (year)**	**To (year)**

Secondary school Name*	**From (year)**	**To (year)**

Certificate used * (Tick required)		**Index number***
O-level		
A-Level		

Select the Marks you scored from your O-Level results slip						
	SCORE GRADE					
SUBJECT	**A**	**B**	**C**	**D**	**E**	**F**
Physics						
Chemistry *						
Biology *						
Mathematics						
English						
Geography						
History						
Civics						
Kiswahili						

Select your course of choice				
No	**Course Name**	**Course Ante range**	**Study years**	**Selection**
1	Certificate in pharmaceutical science	From NTA Level 4 - NTA Level 5	2 Years	
2	Basic certificate in pharmaceutical science	NTA Level 4 only	1 Year	

If you are applying as an Upgrade student, specify in which college you studied your NTA Level 4 studies

College/ University name	From	To	COURSE STUDIED	AWARDED/ GPA

NTA LEVEL 4 NACTE Examination number: …….

ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE

P O BOX: .....

Mobile Numbers: .....

Email: .....

SECTION 4: PAYMENT AND EMPLOYMENT STATUS (TO BE FILLED IN CAPITAL LETTER ONLY)

Are you employed?		If Yes state your employer
Yes		
No		

Please give details of positions held over the past 5 years, if you are applying as a mature -age or for admission as a post graduate, provide detailed job descriptions on separate page and attach documentary evidence, e.g. reference letters from employers.

Employer name	Address	Position held	From	To

Have you paid application fee? *		How much did you paid? *	What method did you use? *		If others state to who and His/Her mobile numbers
Yes			Bank		
No			Others		

SECTION 5: FINANCE

Indicate how you intend to finance your studies and your living expenses in Songea.

How will you finance your studies at TOCOHAS? Family ☐	Employer ☐	Loan ☐	Savings ☐	Other ☐

Parents/Guardians		Job Title	
Telephone No.		E-mail	

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

Signed: _____Name _____ Date: _____

SECTION 6: DETAILS OF NEXT OF KIN (TO BE FILLED IN CAPITAL LETTER ONLY)

Close Relative Full Name	
Close Relative Address	
Close Relative Phone Number	
Close Relative Relation type	
Close Relative Email Address	
Close Relative Region of Residence	

DECLARATION

I ……. Declare that all of the above information is correct and that all of my certificates have been verified by respective legal systems

COLLEGE FEE STRUCTURE

TABLE 01: GENERAL FEE STRUCTURE (EXCLUDES EXAMINATIONS AND MEAL COSTS)

DESCRIPTION	1st YEAR (DAY)	1st YEAR (HOSTEL)	PAYMENT TYPE	REMARKS
Internal & External Quality assurance fee	100,000.00	100,000.00	**BY INSTALLMENT**	Payable to college account Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC. **Account Number: 61810035331 Bank: NMB AND** Payable to Hostel account Account Name: PASCAL MSIGWA **Account Number: 61810035815 Bank: NMB**
Tuition Fee	1,400,000.00	1,400,000.00	**BY INSTALLMENT**	
Accommodation	-	350,000.00	**BY INSTALLMENT**	
Medical fee (First aid) Non Refundable	20,000.00	20,000.00	**ONE TIME**	
Identity card	10,000.00	10,000.00	**ONE TIME**	
Students Union Fee (TOCOHASO)	5,000.00	5,000.00	**BY INSTALLMENT**	
Field attachment	100,000.00	100,000.00	**BY INSTALLMENT**	
White long sleeve Lab coat	65,000.00	65,000.00	**ONE TIME**	
Uniform (as directed by MOHSW)	60,000.00	60,000.00	**ONE TIME**	
Caution Money	50,000.00	50,000.00	**ONE TIME**	
Stationary	50,000.00	50,000.00	**ONE TIME**	
Local Examinations	100,000.00	100,000.00	**ONE TIME**	
Registration Fee	50,000.00	50,000.00	**ONE TIME**	
Practical Round/Rotation	50,000.00	50,000.00	**BY INSTALLMENT**	
Institute T-shirt	20,000.00	20,000.00	**ONE TIME**	
Invigilation fee	50,000.00	50,000.00	**ONE TIME**	
NACTE rollment fee	30,000.00	30,000.00	**ONE TIME**	
Ream bundle 1	10,000.00	10,000.00	**ONE TIME**	
Passport size - 10	8,000.00	8,000.00	**ONE TIME**	
TOTAL	**2,178,000.00**	**2,528,000.00**		

Note: the total amount in each way excludes the Examinations costs and the cost of meals. As college we don't offer meal, Instead students can negotiate with food vendors who are around the college on how they will be served for their daily meal.

EXAMINATION FEE PAYMENTS (TO BE PAID BY CONTROL NUMBER AND NOT IN THE COLLEGE BANK ACCOUNTS)

DESCRIPTION	DAY SCHOLAR	HOSTEL SCHOLAR	REMARKS
End of Semester 1 Examination costs	150,000.00	150,000.00	Control number is generated for Multiple students and not individual students. Payments are supposed to be done at the office of accountant once arrived at the college
End of Semester 2 Examination costs	200,000.00	200,000.00	
TOTAL	**350,000.00**	**350,000.00**	

MANDATORY PAYMENTS (INCLUDED IN TABLE 01 ABOVE)

TABLE 02: MANDATORY PAYMENT

DESCRIPTION	1st YEAR (DAY)	1st YEAR (HOSTEL)	REMARKS
Medical fee (First aid) Non Refundable	20,000.00	20,000.00	Payable to college account Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC. **Account Number: 61810035331 Bank: NMB**
Identity card	10,000.00	10,000.00	
White long sleeve Lab coat	65,000.00	65,000.00	
Uniform (as directed by MOHSW)	60,000.00	60,000.00	
Caution Money	50,000.00	50,000.00	
Stationary	50,000.00	50,000.00	
Local Examinations	100,000.00	100,000.00	
Registration Fee	50,000.00	50,000.00	
Institute T-shirt	20,000.00	20,000.00	
Invigilation fee	50,000.00	50,000.00	
NACTE rollment fee	30,000.00	30,000.00	
Ream bundle 1	10,000.00	10,000.00	
Passport size	8,000.00	8,000.00	
TOTAL	**523,000.00**	**523,000.00**	

Note: these mandatory costs are not payable by installment; they are supposed to be paid at once, at the beginning of First Semester

DESCRIPTION ON HOW TO PAY FEES BY INSTALLEMENT: COST PER YEAR

TABLE 03: FIRST INSTALLMENT

DESCRIPTION	1st YEAR (DAY)	1st YEAR (HOSTEL)	REMARKS
Internal & External Quality assurance fee	70,000.00	70,000.00	Payable to college account Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC. **Account Number: 61810035331** **Bank: NMB** **AND** Payable to Hostel account Account Name: PASCAL MSIGWA **Account Number: 61810035815** **Bank: NMB**
Tuition Fee	500,000.00	500,000.00	
Accommodation	-	150,000.00	
Medical fee (First aid) Non Refundable	20,000.00	20,000.00	
Identity card	10,000.00	10,000.00	
Students Union Fee (TOCOHASO)	5,000.00	5,000.00	
Field attachment	0.00	0.00	
White long sleeve Lab coat	65,000.00	65,000.00	
Uniform (as directed by MOHSW)	60,000.00	60,000.00	
Caution Money	50,000.00	50,000.00	
Stationary	50,000.00	50,000.00	
Local Examinations	100,000.00	100,000.00	
Registration Fee	50,000.00	50,000.00	
Practical Round/Rotation	0.00	0.00	
Institute T-shirt	20,000.00	20,000.00	
Invigilation fee	50,000.00	50,000.00	
NACTE rollment fee	30,000.00	30,000.00	
Ream bundle 1	10,000.00	10,000.00	
Passport size - 10	8,000.00	8,000.00	
TOTAL	**1,078,000.00**	**1,228,000.00**	

EXAMINATION FEE PAYMENTS (TO BE PAID BY CONTROL NUMBER AND NOT IN THE COLLEGE BANK ACCOUNTS)

DESCRIPTION	DAY SCHOLAR	HOSTEL SCHOLAR	REMARKS
End of Semester 1 Examination costs	150,000.00	150,000.00	Control number is generated for Multiple students and not individual students. Payments are supposed to be done at the office of accountant once arrived at the college
End of Semester 2 Examination costs	200,000.00	200,000.00	
TOTAL	**350,000.00**	**350,000.00**	

TABLE 04: SECOND INSTALLMENT

DESCRIPTION	1st YEAR (DAY)	1st YEAR (HOSTEL)	REMARKS
Internal & External Quality assurance fee	50,000.00	50,000.00	Payable to college account Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC. **Account Number: 61810035331** **Bank: NMB** **AND** Payable to Hostel account Account Name: PASCAL MSIGWA **Account Number: 61810035815** **Bank: NMB**
Tuition Fee	500,000.00	500,000.00	
Practical Round/Rotation	50,000.00	50,000.00	
Accommodation	-	100,000.00	
TOTAL	**600,000.00**	**700,000.00**	

TABLE 05: THIRD INSTALLMENT

DESCRIPTION	1st YEAR (DAY)	1st YEAR (HOSTEL)	REMARKS
Tuition Fee	400,000.00	400,000.00	Payable to college account Account Name: TOP ONE COLLEGE OF HEALTH ALLIED SC. **Account Number: 61810035331** **Bank: NMB** **AND** Payable to Hostel account Account Name: PASCAL MSIGWA **Account Number: 61810035815** **Bank: NMB**
Accommodation	-	100,000.00	
Field attachment	100,000.00	100,000.00	
TOTAL	**500,000.00**	**600,000.00**	

Contacts ports

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