



CITY COLLEGE OF HEALTH AND ALLIED SCIENCES ILALA CAMPUS

Phone: +255 624 151 926 /739 888 876;/info@ilalacollege.ac.com; Web:www.ilalacollege.ac.tz, P.O.BOX 90372 Dar es SALAAM

Serial Number.....

Affix
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APPLICATION FORM

ADMISSION FOR ORDINARY DIPLOMA ACADEMIC YEAR 2021 MARCH INTAKE

Citizenship.....

<p>1. PERSONAL INFORMATION</p> <p>FULL NAME -Do not use Initials</p> <p>Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Place of Birth (Country, City)</p> <p>First Languages Other languages</p> <p>Correspondence Address</p> <p>Box Number</p> <p>City or Town</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Country</td> <td style="width: 50%;">Postal Code</td> </tr> <tr> <td>Cell Phone Number</td> <td>Other Number</td> </tr> </table> <p>E-mail Address for communication with CCoHAS to you</p>									Country	Postal Code	Cell Phone Number	Other Number	<p>Marital Status:</p> <p>3. HOMETOWN Where do you Consider your hometown to be if different from your corresponding address?</p> <p>Box Number Town</p> <p>Emergency Contact</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Relationship</td> </tr> <tr> <td>Phone Number</td> <td>Other Number</td> </tr> </table> <p>4. Type of Application-Please tick one</p> <p><input type="checkbox"/> ORDINARY DIPLOMA -3 Years Program</p> <p><input type="checkbox"/> UPGRADING DIPLOMA -1 Year program</p>	Name	Relationship	Phone Number	Other Number
Country	Postal Code																
Cell Phone Number	Other Number																
Name	Relationship																
Phone Number	Other Number																

<p style="text-align: center;">2. APPLICATION DETAILS</p> <p><i>Stating date</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Month</td> <td style="width: 50%;">Year</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> </td> </tr> </table> <p>Select residence category <input type="checkbox"/> DAY BASED <input type="checkbox"/> HOSTEL BASED</p>	Month	Year	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<p style="text-align: center;">COURSES OFFERED AND CONDITIONS</p> <p>1. ORDINARY DIPLOMA IN CLINICAL MEDICINE Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology, Physics/Engineering Sciences, <input type="checkbox"/></p> <p>2. ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES—Holders of Certificate of Secondary Education Examination (CSEE) with four(4) Passes in non-religious Subjects including "D" Passes in Chemistry, Biology. <input type="checkbox"/></p>
Month	Year																
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4. Qualifications

Certificate of Secondary Education Examination (CSEE)															
Subject		Grade		Date (Month/Year)				Subject		Grade		Date (Month/Year)			
Physics								Biology							
Chemistry								Geography							
Mathematics								English							

Advanced Certificate of Secondary Education Examination (ACSEE) – if applicable															
Subject		Grade		Date (Month/Year)				Subject		Grade		Date (Month/Year)			

Other qualifications e.g. NVA 3

School/Institution	Location	From				To				Name of award e.g. Certificate/Diploma
		Month	Year	Month	Year	Month	Year	Month	Year	

Certificate of Primary School Education Examination

Name of Primary School	Location(District)	From				To			
		Month	Year	Month	Year	Month	Year	Month	Year

Have you ever been required to withdraw from any academic program? Yes No

If yes, state date, reason, and name of school/institution _____

5. Sponsorship Declaration

Your sponsor should commit in the space provided below or in a letter for payment of your fees and other costs including study tours and Industrial Practical Training. Give full name and address.

I.....of..... (Postal address) declare

To sponsor..... (name of applicant) to study at the **City College of Health and Allied Sciences – Ilala Campus** and that I will pay all fees in time as required including costs for Field Excursions and Rotation/Practical Training. My phone number

..... and email address:

Sponsor's signature..... Date.....

6. Applicant's Declaration

I agree, if admitted to City College of Health and Allied Sciences - ILALA CAMPUS, to comply with college regulations. I certify that the information in this application is true and complete in all respects and that I have withheld no information. I authorize the college to verify any information provided as part of this application.

Applicant's Full Name:	
Applicant's Signature:	Date of Application:

Application Deadline: 3RD MARCH, 2021

The Applicant should pay non-refundable **Tshs. 30,000/=** application fee for Tanzanian and **30USD** for foreign applicants using the following account:

DCB BANK: 000310050000075-CCoHAS ILALA CAMPUS

NMB BANK: 20510069050 –CCoHAS ILALA CAMPUS

The name of the applicant should be as it appears in the application form.

Return your duly filled application form with supporting documents (see application checklist) to:

**The Principal,
City College of Health and Allied Sciences – Ilala Campus,
P.O. Box 90372,
Dar es Salaam.**

Application Checklist

You should include the following when sending your application:

1. Duly filled application form
2. Copy of certified Certificate of Secondary Education Examination (CSEE)
3. Copy of other qualification(s) e.g. ACSEE, Diploma – if any
4. Copy of birth certificate
5. Original Pay-in slip for application fee

NOTE:

- The names of listed applicants will be uploaded on our website and also at CCoHAS – ILALA CAMPUS noticeboard on 7th MARCH 2021

Note: This application form is available at City College of Health and Allied Sciences – Ilala Campus

Or you can directly download from our Website: www.ilalacollege.ac.tz

