



KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE
(A Constituent College of Tumaini University Makumira)

Ref. No: _____
(For official use)

Staple 1 certified
passport size photograph
herewith your name
clearly printed on the
back of the photograph

**APPLICATION FORM FOR ADMISSION INTO UNDERGRADUATE DIPLOMA
PROGRAMMES - ACADEMIC YEAR 2017/2018**

GENERAL INSTRUCTIONS:

This form contains important information. Please read the form carefully and make sure that you have covered everything on the form before submission. Return an appropriately filled form to the Admissions officer at the KCMU- College with the necessary attachments. Please provide a reliable e-mail address for correspondence. The **deadline** for receiving applications is **15th JULY 2017**, for applications intended for joining the college during the academic year 2017/18 starting October 2017.

Application fee: Application fee is 50,000 Tanzanian shillings (50 US dollars for foreign applicants). You should pay the fee into the college bank account as shown below. A copy of the pay-in slip should be attached with the filled forms. The original copy will be required for verification when the applicant reports for registration at the college and the college bursar will issue a receipt to confirm the payment.

The forms will not be processed if proof of payment of application fee is lacking

The Account is as follows:

Kilimanjaro Christian Medical College
Local Account (Tshs): 017101001339
NBC Moshi Branch
TANZANIA
Forex Account (Dollar account): 017105000676
SWIFT CODE. NLCBTZTX
NBC Moshi Branch
P. O. Box 3030, MOSHI - TANZANIA

Attachments: When returning the filled application form (as hard copy), the following papers should be attached:

- i. A copy of the bank pay-in slip as evidence for having paid the application fee
- ii. A copy of Secondary School Certificate indicating academic performance
- iii. A copy of High (A-level) School Certificate indicating academic performance
- iv. Certified copy of transcript of academic and professional certificates
- v. Proof of availability of sufficient funds to pursue the programme.
- vi. A medical examination form

Duly filled documents and forms to be sent to:

The Deputy Provost for Academic Affairs (Admissions Officer)

Kilimanjaro Christian Medical University College

P. O. Box 2240, MOSHI, Tanzania

Telephone 255-27-2753166

Fax: 255-027-2751351

Email : admission@kcmuco.ac.tz

Web page: <http://www.kcmuco.ac.tz>

A: PERSONAL PARTICULARS:

(i) Surname (Block letters) _____

(ii) First Name in Full (Block letters) _____

(iii) Middle names in full (Block letters) _____

Note: The names in which you'll be registered are those which appear on your Academic certificates.

(iv) Sex: Male _____ Female _____

(v) Date of Birth: _____

(vi) Place of Birth: District _____ Region _____

(vii) Marital status _____

(viii) Religion: _____

(ix) Citizenship: _____

(x) Country of Residence: _____ District: _____

(xi) Current Address to which information should be mailed.

Email:

Phone: _____ Fax: _____

Postal Address:

Medical information*

(xii) Do you have any physical or communication disabilities?

(Tick/ whichever is applicable):

a) Vision: ____ Mobility: ____ Speech: ____ Hearing: ____ Others: ____

If any of the above is present give details of disability _____

b) Duration of the disability: _____

***N.B:** This information is to prepare the University College to receive you and will not mitigate against your admission.

B: (a) ACADEMIC QUALIFICATIONS

1. Secondary School(s) attended:

(i) "O" Level/School: _____
Town: _____ District: _____ Country: _____ Year: _____

(ii) "A" Level/School: _____
Town: _____ District: _____ Country: _____ Year: _____

2. (I) (a) Give brief details of further courses of study, if any:

(b) Employment record (Give dates):

Post	From (date)	To (date)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(II) Tanzania candidates should submit the following information:

(a) Your present occupation and designation: _____

(b) Full name and address of Employer: _____

3. (a) Give particulars of C.S.E. (Form IV) and A.C.S.E. (Form VI) or equivalent qualification (if offering qualifications other than the C.S.E. and A.C.S.E. give details on a separate sheet). If you used a different name when sitting for the C.S.E. (Form IV) and/or A.C.S.E. (Form VI) or equivalent, write here:

(b) Ordinary Certificate of Secondary Education (C.S.E.)/National Form IV:

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examination Authority: _____

Achieved division: _____ Examination Center/School: _____

Town/City: _____ Country: _____

(c) Advanced Certificate of Secondary Education (A.C.S.E.) Form VI:

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Examination Authority: _____

Achieved division: _____ Examination Center/School: _____

Town/City: _____ Country: _____

4. Give Particulars of Professional Certificates/ Diploma/Degree awards achieved:

Subject	Grade	Date	Index No.	Subject	Grade	Date	Index No.

Certificate/Diploma/Degree Number: _____ Overall grade/GPA: _____

5. Enclose certified copies of the certificate(s) and transcripts which show grades, obtained in each subject for CSE and ACSE.

C: FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):

Give full name and addresses: _____

D: YOUR CONTACT INFORMATION:

Address to which information should be sent if your applicant is successful:

(Information will be sent to successful candidates only)

Email: _____ Phone: _____

Postal Address: _____

Fax: _____

NOTE: Change of address must be communicated to the Admissions Officer.

6. Diploma Programmes offered by the Kilimanjaro Christian Medical University College:

Indicate in the table below, your choices of programmes for which you are applying. You should show your order of preference of programmes by placing numbers on the right hand side in the table.

	Diploma Programmes	
	Diploma in Health Laboratory Sciences	
	Diploma in Occupational Therapy	
	Diploma in HIV and AIDS CARE	

Statement by Applicant:

I have acquainted myself with the entrance qualifications to the Kilimanjaro Christian Medical University College and with the courses available and I certify that to the best of my knowledge, the information given is correct.

Date: _____

Signature of Applicant: _____