



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

Ref. No: _____
(For official use)

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passport size
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name clearly printed
on the back of the
photograph

**APPLICATION FORM FOR ADMISSION TO PHD PROGRAMMES -
ACADEMIC YEAR 2020/2021**

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. Deadline for receiving PhD applications are 31st May, 2020.

Application fee: Application fee is 100,000 Tanzanian shillings* (100 US dollars for foreign applicants). You should pay the fee through 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

PHD PROGRAMMES ACADEMIC YEAR 2020/2021

(PLEASE TICK ON THE PROGRAMME OF YOUR CHOICE)

Doctor of Philosophy (PhD- Clinical Medicine)	()
Doctor of Philosophy (PhD- in Public Health & Health System)	()
Doctor of Philosophy (PhD- in Epidemiology)	()
Doctor of Philosophy (PhD- in Biomedical Sciences)	()
Doctor of Philosophy (PhD- Other Specify_____)	()

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 certified Secondary school certificates and transcripts indicating academic Performance
- iii) Proof of availability of sufficient funds to pursue the course.
- iv) Undergraduate degree certificate and transcript.
- v) Master degree certificate and transcript.
- vi) For MD/MMed applicants, copy of Internship certificate
- vii) For MSc. Midwifery applicants, copy of a valid midwifery license to practice
- viii) Curriculum Vitae with names and contacts of three referees
- ix) List of publications and awards (if any)
- x) TOEFL iBT score of 65 and above (non-English speaking)
- xi) A medical examination form
- xii) Preliminary PhD research proposal of at least 15 pages.

Duly filled documents and forms to be sent to:

The Deputy Provost for Academic Affairs (Admissions Officer)
Kilimanjaro Christian Medical College
P. O. Box 2240, MOSHI, Tanzania
Telephone 255-27-2753616
Fax: 255-027-2751351
Email: admission@kcmuco.ac.tz
Web page: <http://www.kcmuco.ac.tz>

NOTE: Please fill the form using block (capital) letters

1 Doctor of Philosophy (Ph.D) Applicants:
Title of Research Topic:-

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 form IV Certificate.

- (iv) Sex: Male _____ Female _____
- (v) Date of Birth: _____ Month _____ Year _____
- (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):
- (xiii) 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) A C A D E M I C Q U A L I F I C A T I O N S

	1 st Degree	2 nd Degree	3 rd Degree
Awarding University/College:	_____	_____	_____
Year of Award:	_____	_____	_____
GPA (if applicable)	_____	_____	_____
Class: (if applicable)	_____	_____	_____

(b) Professional Awards:

- (a) Award: _____
- (b) Awarding Institution/ Association: _____
- (c) Duration of Programme: _____
- (d) Year of Award: _____

C. PROFESSIONAL/WORKING EXPERIENCE:

- (i) Current employment and position held: _____
- (ii) Current Employer and address: _____

- (iii) Previous employment and position held: _____

D. Indicate if Permission has been given by a current employer: _____

E. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):

Give full name and addresses: _____

F. 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: _____

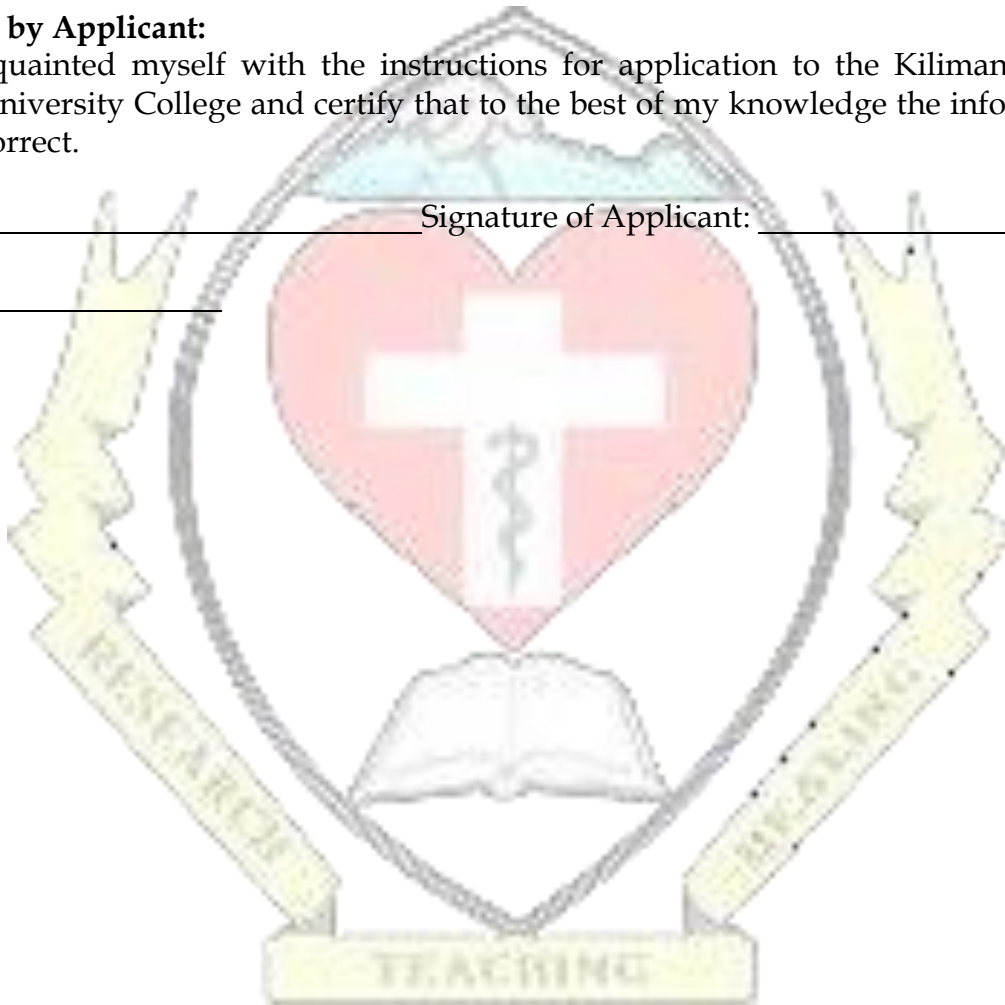
Fax: _____

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

Statement by Applicant:

I have acquainted myself with the instructions for application to the Kilimanjaro Christian Medical University College and certify that to the best of my knowledge the information given above is correct.

Date: _____ Signature of Applicant: _____





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Email: info@kcmuco.ac.tz

Telephone 255-027-2753616.
Fax: 255-55-2751351.
Web site: <http://www.kcmuco.ac.tz>

MEDICAL EXAMINATION FORM

This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer or doctor. The completed form must be submitted along with all the other application materials.

SECTION A (TO BE COMPLETED BY THE APPLICANT)			
[Please Write in Block Letters] I. PERSONAL INFORMATION			
Full Name	First:	Middle:	Last:
Date of Birth	Gender		Marital Status
			Degree Programme
II. PAST MEDICAL HISTORY			
(I) NERVOUS SYSTEM Any loss of consciousness? Yes / No If yes, dates of incident _____ Current treatment _____ Any neurological deficiency? Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____ Any fits? Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____		Herpes Zoster Yes / No If yes, date of illness _____ Part of body affected _____ Hypertension Yes / No If yes, when detected _____ Current treatment _____ Asthma Yes / No If yes, when detected _____ Current treatment _____ Allergies Yes / No If yes, date of last reaction _____ Cause of reaction _____ Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____ Any Dietary Restrictions Yes / No If yes, state restriction _____ _____ Please Note: The applicant is responsible for maintaining any dietary restrictions.	
(II) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____			
(III) OTHER CHRONIC CONDITIONS Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ Tuberculosis Yes / No If yes, when detected _____ Current status Cured / On going treatment			
III. DECLARATION			
I declare that all the information provided herein is true to the best of my knowledge.			
Signature _____		Date _____	

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SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)

IV. VARIOUS TESTS

(I) GENERAL APPEARANCE

Height _____ Weight _____
Blood Pressure _____ Pulse Rate _____
Lymphnode Palpable _____
Skin Appearance _____
Throat Tonsils _____
Teeth Dentition _____ Carious _____
EARS:
Rt Hearing _____ Drum Membrane _____
Lt Hearing _____ Drum Membrane _____
EYES:
Rt VA _____ Squint _____
Lt VA _____ Squint _____

(II) CARDIO-RESPIRATORY SYSTEM

(CHEST X-RAY FILM & REPORT ARE NEEDED)
Lung Fields _____ Breast Lumps _____
Heart Size _____ Heart Sounds _____

(III) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)

Contour: Sunken / Normal / Distended
Skin Scar _____
Umbilicus _____ Hernia _____

(IV) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No
If yes which part of the body _____
Type of deformity _____

V. LABORATORY INVESTIGATIONS

(I) BIOCHEMICAL

Fasting Blood Sugar _____
Serum Creatinine _____
Serum Aspartate T. _____
Serum Alanine T. _____
Blood Urea _____
Uric Acid _____

(II) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
Widal Reaction if +ve treatment _____
Contact with Human Immunodeficiency Virus
Sero conversion (Optional) _____

(III) HEMATOLOGY

(CULTA COUNTER)
Haemoglobin _____
White Cells Count _____

(IV) PARASITOLOGY

Stool Routine Examination _____
Treatment _____
Urinalysis & Sediment Microscopy
Treatment _____
Blood Smear for Protozoa, Hemoflagellates & Spirochaetae _____
Treatment _____

VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate and conclude that the candidate is / is not suitable to attend a Diploma or Degree programme at Kilimanjaro Christian Medical University College.

Signature with Official Stamp _____ Date _____