



**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 2023/2024**

**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.

**Application fee:** Application fee is 100,000 Tanzanian shillings (100 US dollars for international 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) in Clinical Sciences** ( )  
**Doctor of Philosophy (PhD) in Public Health** ( )  
**Doctor of Philosophy (PhD) in Biomedical Sciences** ( )

**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 programme.
- iv) Undergraduate degree certificate and transcript.
- v) Master degree certificate and transcript.
- vi) Curriculum Vitae with names and contacts of three referees
- vii) List of publications and awards (if any)
- viii) TOEFL iBT score of 65 and above (non-English speaking)
- ix) A medical examination form
- x) Preliminary PhD research proposal of at least 15 pages.
- xi) Students with foreign certificates must bring certificates of **Verification of Foreign Award** obtainable from Tanzania Commission for Universities (TCU) through this link (<https://www.tcu.go.tz>).

Duly filled documents and forms to be sent to:

**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](mailto:admission@kcmuco.ac.tz)**  
**Web page: <http://www.kcmuco.ac.tz>**

**NOTE:**

- (i) Please fill the form using block (capital) letters
- (ii) Names in which you'll be registered with are those which appear on your form IV (i.e. CSEE) certificate.

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) \_\_\_\_\_
- (iv) Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

(v) Date of Birth: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
(vi) Place of Birth: District \_\_\_\_\_ Region \_\_\_\_\_  
(vii) Marital status \_\_\_\_\_  
(viii) Religion: \_\_\_\_\_  
(ix) Citizenship: \_\_\_\_\_  
(x) Current Address to which information should be mailed. Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

**B. MEDICAL INFORMATION:**

(i) Do you have any physical or communication disabilities? (Tick/whichever is applicable):  
Vision: \_\_\_\_\_ Mobility: \_\_\_\_\_ Speech: \_\_\_\_\_ Hearing: \_\_\_\_\_ Others: \_\_\_\_\_  
If any of the above is present give details of disability \_\_\_\_\_  
(ii) Duration of the disability: \_\_\_\_\_

**C. ACADEMIC QUALIFICATIONS:**

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

**D. PROFESSIONAL AWARDS:**

(i) Award Name: \_\_\_\_\_  
(ii) Awarding Institution/Association: \_\_\_\_\_  
(iii) Duration of Programme: \_\_\_\_\_  
(iv) Year of Award: \_\_\_\_\_

**E. PROFESSIONAL/WORKING EXPERIENCE:**

(i) Current employment and position held: \_\_\_\_\_  
(ii) Current Employer and address: \_\_\_\_\_  
(iii) Previous employment and position held: \_\_\_\_\_

**F.** Indicate if Permission has been given by a current employer: \_\_\_\_\_

**G. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):**

Give full name and addresses: \_\_\_\_\_

**H. 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: \_\_\_\_\_

