



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 2024/2025

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/= for Tanzania applicants and 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 2024/2025

(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) A medical examination form
- ix) Preliminary PhD research proposal of at least 15 pages.
- x) 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

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: _____

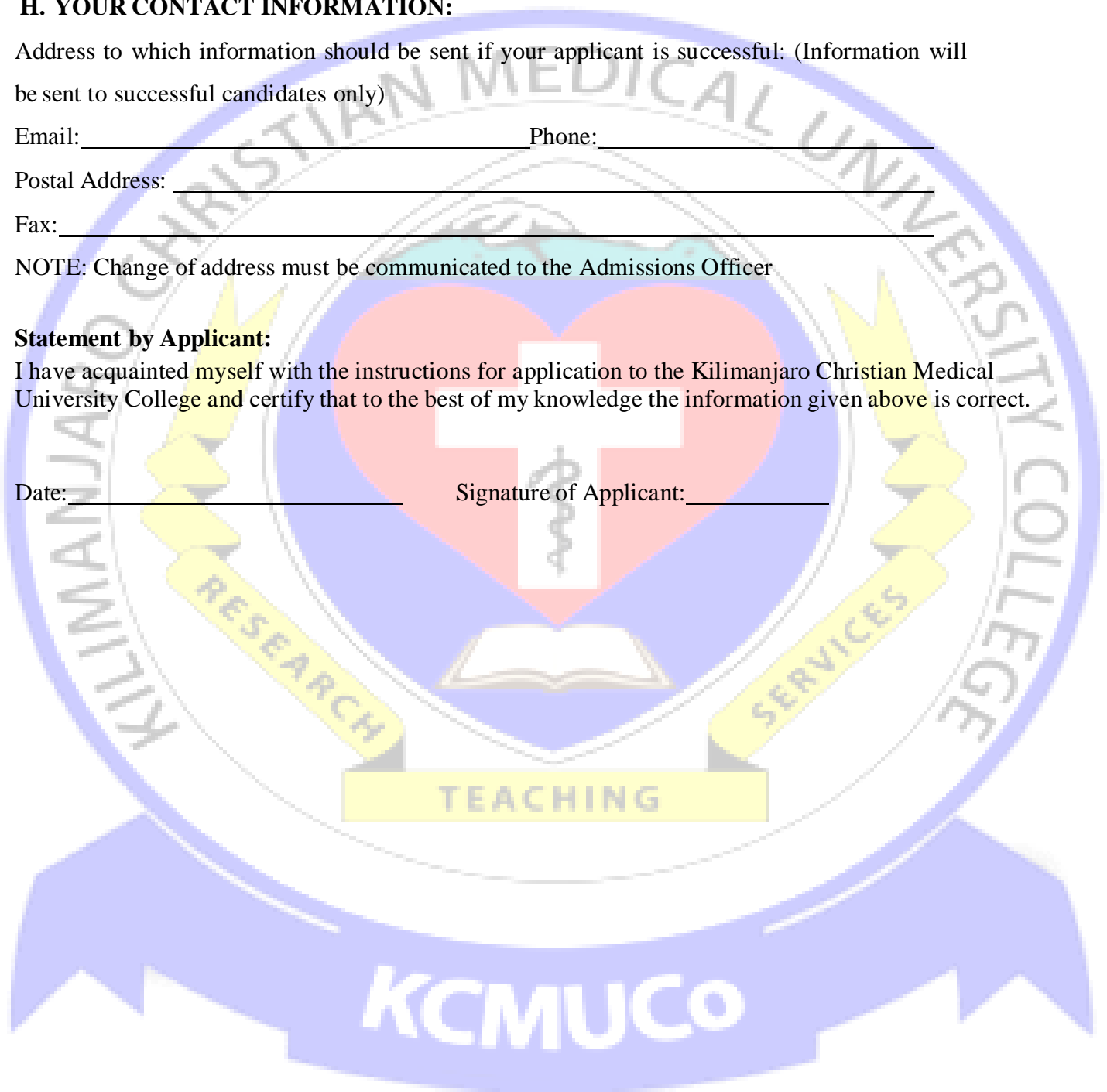
Fax: _____

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: _____





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Tanzania.
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 _____	
(II) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		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 _____	
(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		Please Note: The applicant is responsible for maintaining any dietary restrictions.	
III. DECLARATION			
I declare that all the information provided herein is true to the best of my knowledge.			
Signature _____ Date _____			

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 _____	