



**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 2021/2022**

**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 31<sup>st</sup> May, 2021.

**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)**

<b>Doctor of Philosophy (PhD- Clinical Medicine)</b>	<b>( )</b>
<b>Doctor of Philosophy (PhD- in Public Health &amp; Health System)</b>	<b>( )</b>
<b>Doctor of Philosophy (PhD- in Epidemiology)</b>	<b>( )</b>
<b>Doctor of Philosophy (PhD- in Biomedical Sciences)</b>	<b>( )</b>
<b>Doctor of Philosophy (PhD- Other Specify _____)</b>	<b>( )</b>

**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](mailto: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:-

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**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: \_\_\_\_\_

- (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
- (xiii) is applicable):

a) Vision: \_\_\_\_\_ Mobility: \_\_\_\_\_ Speech: \_\_\_\_\_ Hearing: \_\_\_\_\_ Others: \_\_\_\_\_

If any of the above is present give details of disability \_\_\_\_\_

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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**

	1st Degree	2nd Degree	3rd 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: \_\_\_\_\_

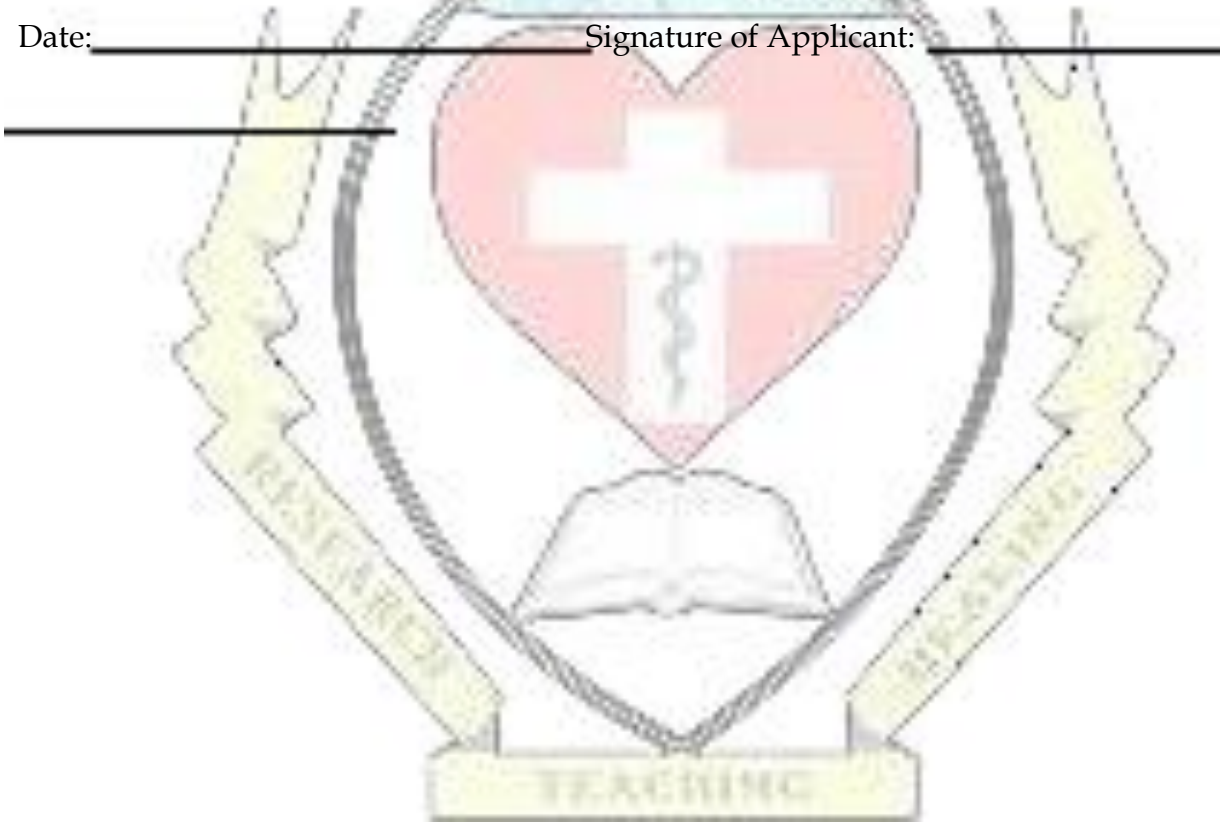
Fax: \_\_\_\_\_

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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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.

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