



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 31st 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)

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: _____

(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 _____

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: _____

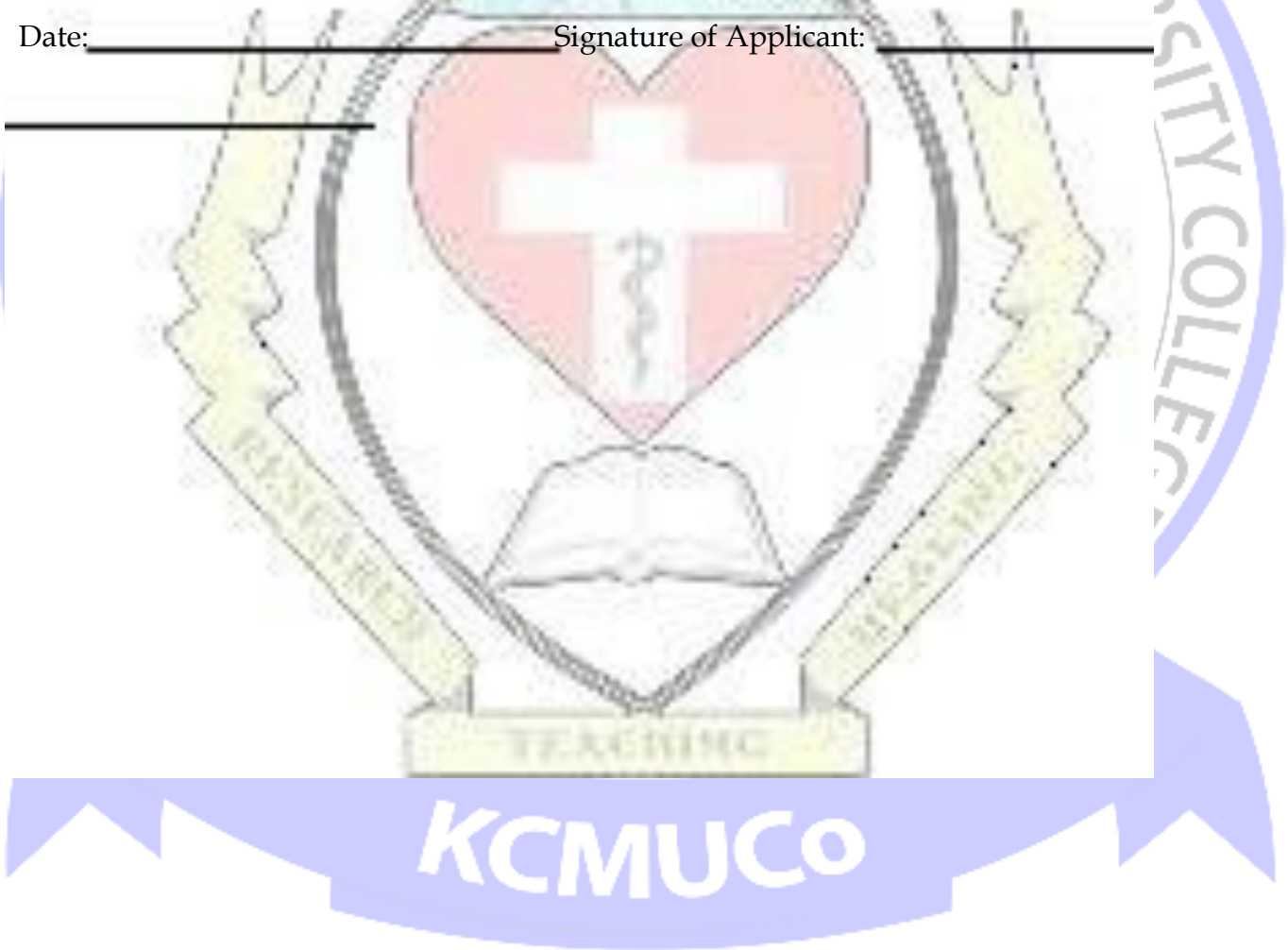
Fax: _____

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.

SECTION A (TO BE COMPLETED BY THE APPLICANT)			
<i>[Please Write in Block Letters]</i> I. PERSONAL INFORMATION			
Full Name	First: _____ Middle: _____ Last: _____	Marital Status _____	
Date of Birth	Gender _____	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 _____	
(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		Any Dietary Restrictions Yes / No If yes, state restriction _____ 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 _____