



KCMC UNIVERSITY

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 2025/2026

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 KCMC University 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
KCMC University
P. O. Box 2240, MOSHI, Tanzania
Telephone 255-27-2753616
Fax: 255-027-2751351
Email: admission@kcmcu.ac.tz
Web page: <https://www.kcmcu.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: _____

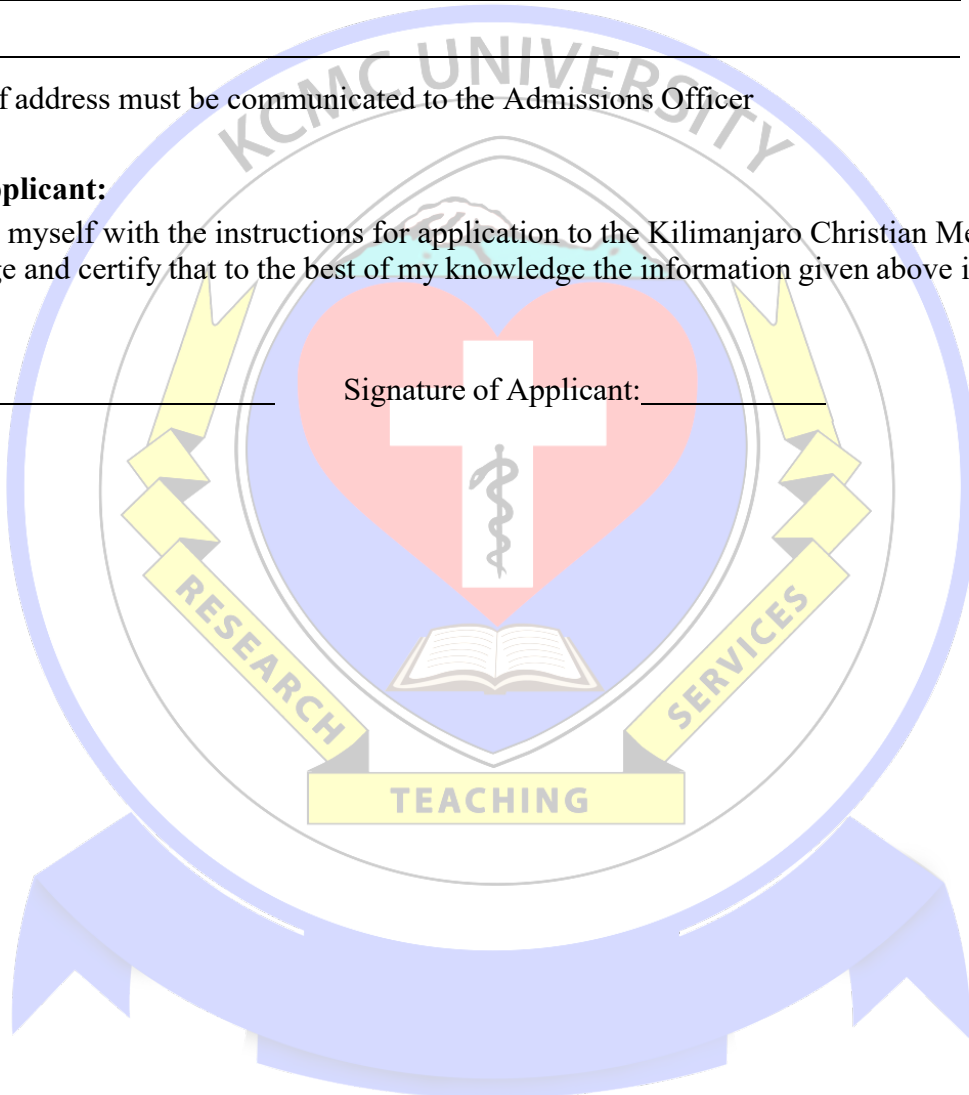
NOTE: Change of address must be communicated to the Admissions Officer

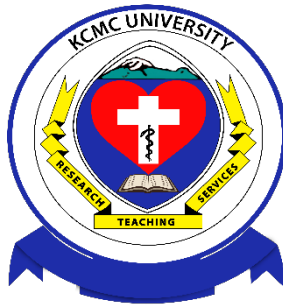
Statement by Applicant:

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: _____





KCMC UNIVERSITY

P. O. Box 2240, MOSHI,
Tanzania.

Email: info@kcmcu.ac.tz

Telephone 255-027-2753616.

Fax: 255-55-2751351.

Web site: <http://www.kcmcu.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:	Marital Status
	Date of Birth	Gender		Degree Programme
II. PAST MEDICAL HISTORY				
(I) NERVOUS SYSTEM		Herpes Zoster Yes / No		
Any loss of consciousness? Yes / No		If yes, date of illness _____		
If yes, dates of incident _____		Part of body affected _____		
Current treatment _____		Hypertension Yes / No		
Any neurological deficiency? Yes / No		If yes, when detected _____		
If yes, state deficiency _____		Current treatment _____		
When acquired _____		Asthma Yes / No		
Current treatment _____		If yes, when detected _____		
Any fits? Yes/No		Current treatment _____		
If yes, type of fits _____		Allergies Yes / No		
Date of last episode _____		If yes, date of last reaction _____		
Current treatment _____		Cause of reaction _____		
(II) MUSCULO-SKELETAL SYSTEM		Major Surgeries Yes / No		
Any Deformity? 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 _____		Any Heart Disease Yes / No		
(III) OTHER CHRONIC CONDITIONS		If yes, what disease? _____		
Diabetes Mellitus Yes / No		Current Treatment _____		
If yes, when detected _____		Any Dietary Restrictions Yes / No		
Current Status _____		If yes, state restriction _____		
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	

Please Note: The applicant is responsible for maintaining any dietary restrictions.

**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 _____