



ST. MAXIMILLIANCOLBE HEALTH COLLEGE

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APPLICATION FORM FOR

PHARMACEUTICAL AND CLINICAL MEDICINE

PROGRAMS SEPTEMBER INTAKE 2020/2021

PART I: PERSONAL PARTICULARS

1. NAME OF APPLICANT (As it appears in Form IV Certificate)
2. ADDRESS OF APPLICANT: NATIONALITY:
3. MOBILE NUMBER(S): E-MAIL:
4. DATE OF BIRTH: / / SEX: (Male/Female)
5. PRIMARY SCHOOL ATTENDED:
6. FORM IV INDEX NUMBERS: (E.g. S0356/0023/2018)
(If you re-seated, put both index numbers) *Remember to write the year of completion like this*
7. APPLICANT'S PARENT / GUARDIAN NAME:
8. PARENT / GUARDIAN'S MOBILE NUMBER: E-MAIL:

PART II: FORM IV RESULTS

RESULTS/GRADES OF NATIONAL FORM IV EXAMINATION (CSEE)

Write A, B, C, D, E or F to the corresponding subject

BIOLOGY	CHEMISTRY	PHYSICS	MATHS	ENGLISH	GEOGRAPHY	KISWAHILI	CIVICS	HISTORY

PART III: PROGRAM CHOICE OF APPLICATION.

(Tick the name of the course you want to apply)

1. Technician Certificate / Ordinary Diploma in Pharmaceutical sciences

2. Technician Certificate / Ordinary Diploma in Clinical Medicine

PART IV: APPLICATION INSTRUCTIONS

1. Cost for Application form is **TSH. 30,000/=**

(All Payments must be done through a Bank Account – Malipo yote lazima yafanyike kupitia benki)

ACCOUNT NAME: St. Maximilliancolbe College		
1	CRDB BANK	0150479968300
2	NMB BANK	51010016891

2. Every Applicant is required to attach the Bank Pay slip

3. A dully filled Application form should be sent through our email address above, Postal Address or submit it directly to our college before deadline **(08/09/2020)**

4. PROGRAMMES OFFERED, DURATION AND MINIMUM ENTRY QUALIFICATIONS AT OUR COLLEGE

S/N	PROGRAMME	DURATION	MINIMUM ENTRY QUALIFICATION
1	TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES	2 YEARS	Chemistry D , Biology D and other TWO D Passes from any other TWO subjects except for Religious subjects
	ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES	3 YEAR	
2	TECHNICIAN CERTIFICATE IN CLINICAL MEDICINE	2 YEAR	Physics/Engineering science D , Chemistry D , Biology D and other D Pass from any other subject except for Religious subjects
	ORDINARY DIPLOMA IN CLINICAL MEDICINE	3 YEAR	

PART V: ATTACHMENTS

Upon submission of this filled form, applicant must attach the following:

- a. **Bank Pay slip of the Application fee Payment**
- b. **Copy of Form IV certificate or Form IV Result slip**
- c. **Copy of Birth Certificate or Form IV Leaving Certificate**

I Declare that the information filled in this application form are true and correct.

Date:

Applicant's Signature: