



# INSTITUTE OF HEALTH AND ALLIED SCIENCES

Plot No. 1 Block A Twitange, Geita Road Nyatukara, P. O. Box 10 Sengerema, Mwanza – Tanzania,  
Mob: 0767 91 51 21 / 0716 91 51 21/0625 91 51 21 E-mail: [infi@elabs.ac.tz](mailto:infi@elabs.ac.tz) Web: [www.elabs.ac.tz](http://www.elabs.ac.tz)

Attach  
Colored  
Passport  
Photo

**NACTEVET REG NO: REG/HAS/265P**

## **STUDENT APPLICATION FORM FOR YEAR 2024/2025 (SEPTEMBER INTAKE)**

### **APPLICANT DETAILS**

First Name					
Middle Name					
Surname					
Date of Birth		...../...../.....	Nationality		
Gender		Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>		No. of children
Do you have any disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If you have disability mention it		

Permanent Home Address		Name of Close Relative		
		Relationship		
Country		Country		
City		City		
Post code		Post code		
Telephone		Telephone		
Email				

### **APPLICANT EDUCATION BACKGROUND**

Name of School	Index Number	Year of Completion
A' LEVEL		
O' LEVEL		
PRIMARY SCHOOL		

### **PROGRAM OFFERED**

Course	Minimum entry qualification	Duration
Diploma in Clinical Medicine	Require a minimum 4 passes 'D' including Physics, Biology and Chemistry, and any other pass in non-religious subject.( Mathematics and English are added advantage)	<b>3 Years</b>
Diploma in Pharmaceutical Sciences	Require a minimum 4 passes 'D' including Biology and Chemistry, and any other two pass in non-religious subject.( Mathematics and English are added advantage)	<b>3 Years</b>

**Program selected by Applicant** .....

With Thanks!

*Benjamin*

Admission Officer





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## NACTVET REG NO: REG/HAS/265P

First Name..... Middle Name .....

Surname .....

Address ..... Phone No .....

### **REF: JOINING INSTRUCTION FOR FIRST YEAR STUDENTS SEPTEMBER INTAKE, 2024/2025 ACADEMIC YEAR**

We are pleased to have you selected to join the Elabs INSTITUTE OF HEALTH AND ALLIED SCIENCES as a candidate for the programme of:

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#### **General information**

Elabs Institute of Health and Allied Sciences is a private based institution owned by ELABS board of Trustees. Its located at Twitange 500m from Sengerema District Council Administration offices in Sengerema - Mwanza. The institution is registered by NACTVET with registration Number **NACTVET REG NO: REG/HAS/265P**

#### **Pre-Conditions for Enrollment**

1. You should ensure that you present yourself to the Admission Office for registration upon payment of the prescribed fee of the course selected.
2. For the purpose of registration, it is compulsory to bring with you the followings: -
  - i. Your original form IV Secondary School Certificate or Examination Results Slip
  - ii. Five (5) Passport Size photographs
3. Any candidate who presents himself/herself without his/her original form four certificate of secondary school education will not be accepted for registration to the selected course.
4. **Warning:** It should be noted that; It is a criminal offence to submit false information. Any candidate submitting forged certificate(s) or any other such information will not be considered for admission and appropriate legal actions will be taken against him/her.

## **5. Admission Requirements**

- i. All candidates must undergo a medical examination and bring with them a medical certificate of fitness/health duly authorized by a competent medical practitioner and sealed with an official seal of any recognized hospital. [A Medical examination form is enclosed herein]
- ii. Each candidate is required to confirm in writing that he/she or his/her Sponsor is able to pay/afford the school fees throughout his/her period of study.

## **6. Reporting and Registration**

- i. You are required to submit yourself to the Admission Office for reporting with effect from **14th October, 2024** between **8:00 AM to 6:00PM**

## **7. Accommodation:**

Accommodation is free to all students although all girls are restricted to live off camps. Students living in hostel should come with:

- i. Mattress.
- ii. Two (2) bed sheets (Light Blue in color for boys and pink for girls).
- iii. One (1) pillow.
- iv. Two (2) pillow cases (light blue/ pink color).
- v. One (1) mosquito net (white in color).
- vi. A one (1) ten liter bucket.

## **8. Other Utensils:**

Students must bring with them the following items: -

- i. Two (2) plastic buckets
- ii. One Solar Torch

## **9. Classroom Equipment:**

Student must follow with them the following items: -

- i. Blue pens
- ii. Red pens
- iii. Pencils
- iv. Ruler
- v. Ten (10) counter books preferable 3 quires

**NOTE:** Laptop – Not compulsory though can help student to learn better.

## **10. Uniforms (Sare)**

Upon payment of the first installment students will be provided with the following pairs of uniforms: -

- i. One (1) T-shirt
- ii. One (1) Clinical coat

**Other requirements on uniforms:**

Students must bring with them the following itemized uniform:

**For male students**

- i. Two (2) pairs of shoes (black in color).
- ii. Two (2) pairs of socks (white in color).
- iii. Two pair of Shirt with short sleeve (white in color).
- iv. Two pairs of trousers (khaki in color).
- v. Jacket (plain white in color).

**For female students**

- i. Two (2) pairs of shoes (black in color).
- ii. Two (2) pairs of socks stocking (white in color).
- iii. Two pairs of gowns (white in color).
- iv. Jacket (plain white in color).

**11. Financial Requirements:**

Fees should be paid in full at the beginning each installment considering the required amount per installment as shown in the fee structure.

The School authority reserves the right to change fees with or without prior notice.

**NOTE:**

1. FEES once payed is not refundable in any circumstance
2. A caution to Sponsors & Guardians!

Some students use fees for other purposes. You are, therefore advices to pay school fees directly to the School Bank Accounts as directed in the fee structure.

**12. Dressing Code**

**THE ELABS INSTITUTE OF HEALTH AND ALLIED SCIENCES** is determined to build the society of people who are well prepared both academically and morally.

All students are entitled to adhere to the Dressing code issued by the Ministry of Health. Every student must request **DRESSING CODE, INSTITUTE RULES AND REGULATIONS** and **DISPLINARY CODE OF CONDUCT** at the time of repotting.

13.

How to get to Sengerema from Mwanza

The Kamanga Ferry fare (across the lake from Mwanza to Sengerema side) is Tshs 1000/= per person and the bus or “daladala” fare to Sengerema is Tsh 3,000/= per person.

Also Busisi Ferry can be used where by Ferry fare is Tsh 400/= per person and the bus fare to Sengerema is Tsh 4000/= per person

Ask ferries/buses crew for assistance (NB; Ask with cautions since you may land on the hand of bad people).

I congratulate you for being admitted.

On behalf of Elabs INSTITUTE OF HEALTH AND ALLIED SCIENCES I wish to extend to you a warm welcome and wish you a successful period of study at Elabs INSTITUTE OF HEALTH AND ALLIED SCIENCES

Be blessed during your study period!

KARIBU SANA



DR. THOMAS WILLIAM  
PRINCIPAL





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## REF: FEE STRUCTURE FOR NEW STUDENTS, SEPTEMBER INTAKE 2024/2025 ACADEMIC YEAR

STUDENT NAME..... ADDRESS.....

### CLINICAL MEDICINE

DESCRIPTION	AMOUNT PER ANNUM
ANNUAL FEE	<b>1,850,000/=</b>

### PAYMENT SCHEDULE:

1 <sup>st</sup> INSTALLMENT (On Reporting)	2 <sup>nd</sup> INSTALLMENT (October, 2024 -December 31, 2024)	3 <sup>rd</sup> INSTALLMENT (January 1, 2025 - March 30, 2025)	4 <sup>th</sup> INSTALLMENT (April 1, 2025 –June 30, 2025)
<b>TZS 700,000/=</b>	<b>450,000/=</b>	<b>400,000/=</b>	<b>300,000/=</b>

### Other Payments:

#### HEALTH INSURANCE PAYMENT.

The students is required to pay 100400/= for the health insurance and other health services.

**NOTE:** Students with their own health insurance cards are not required to pay Tshs. 50,400/= for health insurance fee, but they will have to pay 50,000/= for health emergency. Please come with your card and submit it to the admission office for verification on the reporting day, mind that it should be active.

#### ROTATION PAYMENT

At least Tshs. 50,000/= should be paid two months before the rotation starts. This money will cover any payment required in the hospital during rotation.

#### END OF SEMESTER EXAMINATIONS FEES.

There will be an examinations fee payment at the end of each semester which will be paid two months before the start of the end of semester examinations. These payments shall be determined by Examination Authorities time to time and all students and their sponsors shall be notified in writings.

## OTHER REQUIREMENTS:

- For each semester, every Student must bring **TWO BOX** of clean gloves and **TWO REAMS** of paper (**“DOUBLE A” ONLY**). [ To be submitted to the Admission Office].
- Student must bring with them the following clinical equipment’s for their personal use which will be inspected upon their registration: -
  - Blood Pressure Machine (Sphygmomanometer)
  - Stethoscope
  - Thermometer
  - Clinical Torch
  - Otoscope
  - Pentorch
  - Tongue depressor
  - MUAC
  - Tape measure
  - Patella (percussion) hammer.
  - Turning fork
  - fetoscope

## FEES PAYMENT

All payments shall be made through our Bank Account shown below


### **BANK: NMB**


**Account Name:** ELABS INSTITUTE OF HEALTH AND ALLIED SCIENCES

**Account Number:** 31610058513. **OR**

You can request a CONTROL NUMBER BY CALLING **0678 915121**

NOTE: We don’t receive cash. Patient and guardians are advised not to give school fees to student by hand, rather they deposit the money through the above school account in order to avoid unnecessary inconveniences

  
.....  
DR. THOMAS WILLIAM  
PRINCIPAL





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**NACTVET REG NO: REG/HAS/265P**

## STUDENT’S MEDICAL EXAMINATION FORM

Firstname.....Middlename.....

Last name.....

Course selected .....

Nationality ..... Age ..... Gender .....

Marital status .....

### PERSONAL HISTORY

Has the examinee ever suffered from any of the following? If yes indicate date and diagnosis. If not please write “NO in Appropriate space.

NO	SUFFERED FROM	YES	NO
A	Tuberculosis		
B	Other aspiratory diseases		
C	Cardiac Diseases		
D	Gastro- Intestinal disease		
E	Any chronic Renal or Urinary disease		
F	Syphilis or Gonorrhea		
G	Emotional disease or psychosis		
H	Serious Injuries		
I	Allergies		
J	Any fits		
K	Leprosy		
L	Diabetes		

### PHYSICAL EXAMINATION

1. Height.....

2. Weight .....

3. Chest:

- Lungs: .....
- Heart .....
- Bp .....



**4. Abdomen**

- Organs .....
- Other Mass .....
- Pregnancy .....

5. Skin disease .....

6. **Eyes:** Conjunctivae ..... Pupils .....

Sight: Without glasses

Right .....

Left .....

Right .....

Left .....

7.ENT

.....

**LAB INVESTIGATIONS**

WBC.....B/S ..... Stool ..... Urine .....

**Any physical Abnormalities Of The Prospective Students Plus The Doctors Recommendations**

.....  
.....  
.....  
.....  
.....

**CONCLUSION**

I have examined Mr./Mrs./Miss .....

**Name**..... **Qualifications**.....

**Signature**..... **Date** .....

**Official stamp**