



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: info@elabs.ac.tz Web: www.elabs.ac.tz

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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) | 3 Years |
| 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) | 3 Years |

Program selected by Applicant

With Thanks!

Benjamini

Admission Officer





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NACTEVET REG NO: REG/HAS/265P

First Name..... Middle Name

Surname

Address Phone No

REF: JOINING INSTRUCTION FOR FIRST YEAR STUDENTS SEPTEMBER INTAKE, 2023/2024 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:

.....

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: **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. Current 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 dully 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. 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 stockings (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 paid is not refundable in any circumstance
2. A caution to Sponsors & Guardians!

Some students use fees for other purposes. You are, therefore advised 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 DISCIPLINARY CODE OF CONDUCT at the time of reporting.

13.

How to reach 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

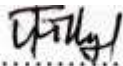
Ask ferries/buses crew for assistance (NB; Ask with cautions since you may land on the hand of bad people).

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





INSTITUTE OF HEALTH AND ALLIED SCIENCES

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

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

PHARMACEUTICAL SCIENCES

| DESCRIPTION | AMOUNT PER ANNUM |
|-------------|--------------------|
| ANNUAL FEE | 1,850,000/= |

PAYMENT SCHEDULE:

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

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.

PHARMACY PRACTICE FIELD WORK PLACEMENT INSTRUCTIONS FOR FIRST YEAR STUDENTS.

- Money for pharmacy practice field work placement for first year students 150,000/= should be paid as described below:
- At least Tshs. 100,000/= should be given directly to the student during the one-month pharmacy practice field work placement. This money will cover any payment will be required in the workplace during field practice.
- Tshs. 50,000/= should be paid in the school bank account and the original bank pay in slip to be submitted to the accountant before the pharmacy practice field work placement. This money will cover the following contribution
 - Transport services to and from
 - House rent for accommodation
 - Hospital facilities and facilitation contributions.

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.

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 Tanzania Pharmaceutical Handbook (TPH)

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





NACTEVET REG NO: REG/HAS/265P

STUDENT’S MEDICAL EXAMINATION FORM

First name Middle name.....

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