AFRICA INLAND CHURCH TANZANIA
KOLANDOTO COLLEGE OF HEALTH AND ALLIED SCIENCES - MWANZA CAMPUS
P.O.BOX 2148, KISESA - MWANZA. REG/HAS/235
Website: **www.kchsm.ac.tz** Email: **info@kchsm.ac.tz**
Phone: 0752197579

ADMISSION LETTER

WELCOME TO KOLANDOTO COLLEGE OF HEALTH SCIENCES - MWANZA CAMPUS

REF NUMBER: KCHS/ADM/0 I/0 I
Dear Mr./ Ms./ Mrs. .....
Date: October, 2025

SUBJECT: ADMISSION INTO ORDINARY DIPLOMA COURSE FOR ACADEMIC YEAR 2025/2026

I am pleased to inform you that you have been offered admission into the **Ordinary Diploma in .....** programme at **Kolandoto College of Health Sciences – Mwanza Campus** for the **2025/2026 academic year**. It is my pleasure to welcome you to our college.
The college is located near **Kisesa Primary Court**, approximately **18 kilometers from Mwanza City**.

Reservation of Admission
Before reporting, please deposit a sum of **two hundred thousand Tanzanian shillings (TSH 200,000)** into the following CRDB account:

- **Account Name:** Kolandoto College of Health Sciences – Mwanza Campus
- **Account Number:** 0150605342100

Alternatively, you may use a **control number** that will be issued by the college accounts office. Kindly call **0746 280 463** to request a control number.
Note: This amount is for reservation of your admission slot and will be counted as part of your total college fees.

Reporting Date
You are required to report to the college **starting from 20th October 2025**. Upon arrival, you must present the following documents:

1. Bank pay-in slip confirming payment of tuition and other contributions.
2. Your **admission offer letter** along with a **duly filled medical examination form**.
3. **Original academic certificates** and **birth certificate**.

Fee Payment Details

- **Tuition fees and other contributions** should be paid to:
  - **Account Name:** Kolandoto College of Health Sciences – Mwanza Campus
  - **Account Number:** 0150605342100 (CRDB Bank)
  - *or through a control number issued by the college accounts office.*
- **Direct costs** (such as meals, accommodation, etc.) should be paid to:
  - **Account Name:** AICT KCHS DEVELOPMENT
  - **Account Number:** 015055167400 (CRDB Bank)

ELIAKIM SAITABAU

PRINCIPAL
KOLANDOTO COLLEGE OF HEALTH SCIENCES
MWANZA CAMPUS
P.O. Box 905, MWANZA.

PRINCIPAL

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STUDENT JOINING FORM

Section 1: Applicant Details: *Please fill in using BLOCK letters*

First Name								
Middle Name								
Surname								
Date of Birth				Nationality-;				
Gender	Male □ Female □		Marital Status	Single Married	□ □		No. of Children	
Do you consider yourself to have a disability?			Yes No	□ □	Do you have any criminal conviction record?		Yes No	□ □

Permanent Home Address				Parent name:	
				Telephone:	
				Region	Country
City		Country			
Post Code				Parent/Close relative name:	
Telephone				Telephone:	
				Region	Country
Email:				***Please write your e-mail Address Cleary***	

Section 2: Course Details

PRE-SERVICE PROGRAMMES:

- Ordinary Diploma in Clinical Medicine
- Ordinary Diploma in Pharmaceutical Science

UPGRADING PROGRAMMES

- Ordinary Diploma in Clinical Medicine
- Ordinary Diploma in Pharmaceutical Science

Intake for which you are joining for: 2025 / 2026	Course……..

Section 3 : Finances

MODE OF PAYMENTS

1. Tuition fees and other contributions are to be paid through the account number 0150605342100
   Account Name: **KOLANDOTO COLLEGE OF HEALTH SCIENCES,**
   MWANZA CAMPUS (CRDB Bank).
   Please contact 0615 801 748 for further details.
2. Direct cost payments should be made to:
   Account Number: **0150552167400**,
   Account Name: **AICT KCHS DEVELOPMENT.**

Terms of Payment:

- **Fees once paid are non-refundable** if a student withdraws or leaves the college without permission from the Principal, is disqualified in an examination, or is dismissed for indiscipline.
- However, **50% of the fees may be refunded** if a student officially notifies the Principal of their intention to withdraw **within the first four weeks** from the beginning of the academic year.
- **Payments made by cheque, international money order (IMO), etc., are accepted only after bank clearance.**
- **Fees can be paid either in full or in four installments,** as outlined in the payment schedule.
- **The original bank pay-in slip must be submitted** to the college accountant or cashier for official receipt and acknowledgment.

Note: Parents/guardians are strongly advised to make payments through the CRDB control number and ensure that students are given the bank pay-in slip for confirmation.

Section 4: Accommodation

All residents are required to sign an accommodation agreement before being allocated a room. You are required to bring with you: 1 mattress (size 3.5” x 6”), 1 bucket, mosquito net, hotpot/container for food, and other hostel necessities.

Section 5 : College Uniforms

1. College uniforms are available at the rate of TZS 120,000/=. Payment for college uniforms is made through Account No. **0150552167400,** Account Name: **AICT KCHS DEVELOPMENT.**

REQUIREMENTS FOR EACH COURSE

Clinical medicine course:

- 1 Box of glove surgical glove and 2 Reams of A4 Double A per annum.
- Sphygmomanometer, Patella hammer, Stethoscope, Tape measure, Mercury Thermometer, Pen Torch, and Tuning fork.

Pharmaceutical science course:

- 1 Box of glove (Disposable), 2 Reams of A4 Double A per annum.
- Scientific calculator, 1 Tanzania Pharmaceutical handbook (TPH) 2nd Edition (available upon request at the college for Tsh. 55,000).

NB:

- For reams and gloves (1 Reams Semester I and 1 Ream and 1 Glove Semester II).
- All students are encouraged to come with their own laptop computers or smartphones.

Section 6 : Medical STATUS /REPORTS

MEDICAL EXAMINATION FORM

Medical Examination Form

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

1. Surname _____
2. Other Names _____
3. Age _____
4. Sex _____
5. Course of Study _____
6. School _____
7. Marital Status _____

PART II: PERSONAL HISTORY (Tick Yes/No)	**Yes**	**No**
1. Tuberculosis	☐	☐
2. Asthma	☐	☐
3. Rheumatic Fever	☐	☐
4. Allergic Disorders	☐	☐
5. Heart Disease	☐	☐
6. Gastric or Duodenal Ulcers	☐	☐
7. Jaundice	☐	☐
8. Dysentery	☐	☐
9. Varicose Veins	☐	☐
10. Kidney Disease	☐	☐
11. Diabetes	☐	☐
12. Epilepsy	☐	☐
13. Deformity	☐	☐
14. Mental Illness	☐	☐
15. Eye Disorder	☐	☐
16. Ear, Nose, or Throat Disorder	☐	☐
17. Skin Disease	☐	☐
18. Anemia	☐	☐
19. Gynecological Disorder	☐	☐
20. Any Other Serious Disorder (Specify): _____	☐	☐

PART III: PHYSICAL EXAMINATION

1. Height (cm) _____
2. Weight (kg) _____
3. Skin _____
4. Eyes _____
5. Ears (state if any discharge) _____
6. Nose _____
7. Mouth and Throat _____
8. Any Abnormality _____
9. Cardiovascular System
   a. Blood Pressure - Systolic: _____ mmHg Diastolic: _____ mmHg
   b. Heart - Any Murmur? _____
   c. Arteries and Veins _____
10. Respiratory System - Lung Fields _____
11. Abdomen _____

PART IV: LABORATORY RESULTS

Test	**Result**
1. Urinalysis	_____
2. Stool Examination	_____
3. Urine Pregnancy Test (Females)	_____
4. Full Blood Picture	_____
5. Widal Test	_____
6. VDRL	_____

PART V: OFFICIAL USE (To be completed at a Government Hospital)

Details	**Information**
I have examined Mr./Miss/Mrs.	_____
and consider that he/she is:	☐ Fit ☐ Unfit to be admitted to the college for higher education.
Name of Examiner	_____
Title	_____
Qualifications	_____
Address	_____
Date	_____ / _____ / _____
Signature	_____
Stamp	_____

(*This section must be completed and signed at a recognized Government Hospital*.)

Section 7: Documents Required/Reporting	You should Bring with you

1. This Join form (mandatory) 2. Academic certificate (mandatory) ORIGINAL FORM FOUR CERTIFICATE OR RESULTS SLIP 3.Birth Certificate	**4. Three passport-size photos of the student (Attach to the front of this application)** 5. . Bank Slips

PLEASE NOTE: STUDENTS ARE REQUIRED TO BRING THEIR ORIGINAL DOCUMENTS (CERTIFICATE) ON REGISTRATION DAY.

REPORTING DATE: You are required to report at the college on 20th October 2025.

Section 8: Terms and Conditions

1. I am responsible for familiarizing myself with and abiding by all College student policies as outlined in the admissions guidelines.
2. I agree to meet all assessment and examination requirements as stipulated by the College, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), and the National Council for Technical Education (NACTE).
3. I agree to comply with the College's attendance policy and ensure that my class attendance is at least 90% throughout the duration of the course. I understand that failure to maintain this minimum level of attendance may result in disciplinary action, exclusion from further studies, and formal notification to my parents/guardian or sponsor in writing.
4. Fees once paid are non-refundable.
5. By agreeing to this declaration, I undertake to pay all fees as they become due, including any late fees or applicable collection surcharges.
6. I agree to fulfill my financial obligations to the College in full and by the due date provided in my payment plan. I understand that I will not be permitted to enroll, sit for examinations, or graduate if I fail to meet these obligations.
7. I hereby confirm that the information I have provided to the College is true and accurate, and that no material information relevant to this application has been withheld. I understand that the College reserves the right to take appropriate action if any part of the information provided is later found to be false.
8. I understand and agree that failure to pay fees on time may result in my elimination from the course.

Student Declaration:

I am applying for admission at Kolandoto College of Health and Allied Sciences. I understand that the decision to offer me a place rests with the college, and that the College decision will be the final. If I am offered and accept a place on the programme, I agree to abide by the rules and regulations of the College.

Signature:_____ Name:_____Date:_____

Section 9: College Registration Number

Kolandoto College of Health and Allied Sciences Mwanza Campus (KCHSM) is full registered by The National Council for Technical Education (NACTVET) with registration number REG/HAS/235

The Principal ……

PRINCIPAL
KOLANDOTO COLLEGE OF HEALTH SCIENCES.
MWANZA CAMPUS
P.O. Box 905, MWANZA.

ELIAKIM SAITABAU

KOLANDOTO COLLEGE OF HEALTH AND ALLIED SCIENCES MWANZA CAMPUS

TUITION FEE AND OTHER CONTRIBUTIONS FOR ACADEMIC YEAR 2025/2026
DEPARTMENT OF PHARMACEUTICAL SCIENCES

NO	DETAIL	SEMESTER 1	SEMESTER 2	TOTAL PAYMENT
1	Tuition fee	1,000,000.00	600,000.00	1,600,000.00
	OTHER CONTRIBUTION			
2	Internal examinations	200,000.00	150,000.00	350,000.00
3	Accommodation	150,000.00	150,000.00	300,000.00
4	Library services	25,000.00	25,000.00	50,000.00
5	College development	50,000.00	50,000.00	100,000.00
6	Tehama/internet	25,000.00	25,000.00	50,000.00
	Total payment per semester	1,450,000.00	1,000,000.00	2,450,000.00
DIRECT COSTS				
8	Student union	15,000.00		15,000.00
9	NHIF (Medical treatment)	60,000.00		60,000.00
10	Quality Assurance	20,000.00		20,000.00
11	Field Supervision		200,000.00	200,000.00
12	Identity Card	10,000.00		10,000.00
13	School Uniform	120,000.00		120,000.00
14	MoH Examination		150,000.00	150,000.00
15	Procedure and Log Books	5,000.00		5,000.00
16	Registration Costs	5,000.00	5,000.00	10,000.00
	Total Direct Costs Per Semester	235,000.00	355,000.00	590,000.00

NB:

1. ADA NA MICHANGO MINGINE YOTE (DIRECT COST) YA CHUO INALIPWA KUPITIA BENKI YA CRDB KWA CONTROL NAMBA ZINAZOPATIKANA KUTOKA OFISI YA UHASIBU. KUPATA CONTROL NAMBA YAKO NA MSAADA WOWOTE WA MALIPO TAFADHALI PIGA SIMU ZIFUATAZO; 0621521748 SIKU ZA KAZI KUANZIA SAA 2:00 ASUBUHI MPAKA SAA 10:00 JIONI.
2. MWANAFUNZI AJE NA RIMU PEPA 2 (DOUBLE A), 1 CLEAN GLOVES.
3. MALIPO YEYOTE YA TASLIMU HAYARUHUSIWI CHUONI, MWANAFUNZI AKISHALIPIA AHAKIKISHE ANAWASILISHA SLIP YA MALIPO YENYE MUHURI WA BENKI/ WAKALA UHASIBU.

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PRINCIPAL

KOLANDOTO COLLEGE OF HEALTH AND ALLIED SCIENCES MWANZA CAMPUS

TUITION FEE AND OTHER CONTRIBUTIONS FOR ACADEMIC YEAR 2025/2026
DEPARTMENT OF CLINICAL MEDICINE

NO	DETAIL	SEMESTER 1	SEMESTER 2	TOTAL PAYMENT
1	Tuition fee	1,000,000.00	600,000.00	1,600,000.00
	OTHER CONTRIBUTION			
2	Internal examinations	350,000.00	200,000.00	550,000.00
3	Accommodation	150,000.00	150,000.00	300,000.00
4	Library services	25,000.00	25,000.00	50,000.00
5	College development	50,000.00	50,000.00	100,000.00
6	Tehama/internet	25,000.00	25,000.00	50,000.00
	Total payment per semester	1,600,000.00	1,050,000.00	2,650,000.00
DIRECT COSTS				
7	Student union	15,000.00	-	15,000.00
8	NHIF (Medical treatment)	60,000.00	-	60,000.00
9	Quality Assurance	20,000.00	-	20,000.00
10	Identity Card	10,000.00	-	10,000.00
11	School Uniform	120,000.00	-	120,000.00
12	MoH Examination	150,000.00	-	150,000.00
13	Procedure and Log Books	10,000.00	-	10,000.00
14	Registration Costs	5,000.00	5,000.00	10,000.00
	Total Direct Costs Per Semester	240,000.00	155,000.00	395,000.00

NB:

1. ADA NA MICHANGO MINGINE YOTE (DIRECT COST) YA CHUO INALIPWA KUPITIA BENKI YA CRDB KWA CONTROL NAMBA ZINAZOPATIKANA KUTOKA OFISI YA UHASIBU. KUPATA CONTROL NAMBA YAKO NA MSAADA WOWOTE WA MALIPO TAFADHALI PIGA SIMU ZIFUATAZO; 0621521748 SIKU ZA KAZI KUANZIA SAA 2:00 ASUBUHI MPAKA SAA 10:00 JIONI.
2. MWANAFUNZI AJE NA RIMU PEPA 2 (DOUBLE A), 1 CLEAN GLOVES.
3. MALIPO YEYOTE YA TASLIMU HAYARUHUSIWI CHUONI, MWANAFUNZI AKISHALIPIA AHAKIKISHE ANAWASILISHA SLIP YA MALIPO YENYE MUHURI WA BENKI/ WAKALA UHASIBU.

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P.O. Box 2148, KISESA MWANZA

TUITION FEE AND OTHER CONTRIBUTION PAYMENT

PAYMENT SCHEDULE 2025/2026

	1ST INSTALLMENT	2ND INSTALLMENT	3RD INSTALLMENT	4TH INSTALLMENT	BANK CHARGES	2025/2026
	TUITION FEE	TUITION FEE	TUITION FEE	TUITION FEE	TUITION FEE	TUITION FEE
	1st October 2025	1st January 2026	1st April 2026	1st June 2026		
CLINICAL MEDICINE	900,000.00	700,000.00	550,000.00	500,000.00	2,000.00	2,652,000.00
PHARMACY	850,000.00	600,000.00	550,000.00	450,000.00	2,000.00	2,452,000.00

DIRECT COST FOR FIRST YEAR:

- Quality Assurance: 20,000.00
- Student Uniform: 120,000.00
- Student Union: 15,000.00
- Registration Costs: 10,000.00 (Paid 5,000.00 each Semester)
- NHIF (Medical Treatment): 60,000.00
- Procedure and Log Books (Famasia): 5,000.00
- Identification Card: 10,000.00
- Field Supervision Famasia: 200,000.00
- Procedure and Log Books (Nursing, Medical Lab): 15,000.00
- MoH Examination will be paid Semester 2: 150,000.00
- Procedure and Log Books (Clinical Medicine,): 10,000.00

TUITION FEE AND DIRECT COSTS PAYMENT IS MADE THROUGH CONTROL NUMBER AT CRDB BANK, PLEASE CONTACT ACCOUNTING OFFICE FOR FURTHER DETAILS. CALL: 0615801748