



# ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES (**ECOHAS**)

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## JOINING INSTRUCTIONS FOR CLINICAL MEDICINE, NURSING AND MIDWIFERY, PHARMACEUTICAL SCIENCES AND SOCIAL WORK PROGRAMS - ONGOING STUDENTS ACADEMIC YEAR 2024 /2025 - SEPTEMBER INTAKE

ELIJERRY College of Health and Allied Sciences is a Private Health Training College FULLY registered and accredited by the National Council for Technical Education (NACTVET) with Registration number REG/HAS/173

This college offers the following courses: -

- |   |         |
|---|---------|
| ✓ Technician Certificate in Clinical Medicine (CA)  | 2 years |
| ✓ Ordinary Diploma in Clinical Medicine (CO)        | 3 years |
| ✓ Technician Certificate in Nursing and Midwifery   | 2 years |
| ✓ Ordinary Diploma in Nursing and Midwifery         | 3 years |
| ✓ Technician Certificate in Pharmaceutical Sciences | 2 years |
| ✓ Ordinary Diploma in Pharmaceutical Sciences       | 3 years |
| ✓ Technician Certificate in Social Work             | 2 years |
| ✓ Ordinary Diploma in Social work                   | 3 years |
| ✓ Technician Certificate in Clinical Nutrition      | 2 years |
| ✓ Ordinary Diploma in Clinical Nutrition            | 3 years |

## 1.0.GENERAL REQUIREMENTS

All Students are required to report at ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES' Admission Office 14<sup>th</sup> October 2024 with the following: -

- 1.1. Joining Instruction with dully filled forms No. I, II and III.
- 1.2. Birth Certificate/Affidavit
- 1.3. Identity cards if any, Travel Passports, and Residential Permits for Foreigners
- 1.4. Health Insurance card or Tshs **50,400/=** for **National Health Insurance Fund (NHIF)**

## 2.0.BASIC REQUIREMENTS

### 2.2 Working Tools

#### 2.2.1. Clinical Medicine and Nursing and Midwifery Programs

Each student should come with;

- 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Fetoscope, patella hammer, and three boxes of clean gloves (2 boxes for semester 1 and one box for semester 2).
- Working laptop.
- Two reams of paper (A4 size) during semester 1 and one ream during semester 2

#### 2.2.2. Pharmaceutical sciences Program

Each student should come with;

- Scientific calculator
- Tanzania Pharmaceutical Handbook (TPH) second edition 2011
- Working laptop.
- Two reams of paper (A4 size) during semester 1 and one ream during semester 2
- Pair of scissor

## 2.0. HOSTEL AND BEDDING REQUIREMENTS

2.1. The college provides accommodation facilities at **FREE OF CHARGE**. Priority will be given to students who will pay earlier the **FIRST INSTALLMENT** in full. Thus we remind students to pay and report as early as possible, since **THE HOSTEL CAPACITY IS LIMITED**.

2.2. Students should come with 1 blanket, 2 bed sheets (Blue color for boys and Pink for girls), 1 pillow and 2 pillow cases (Blue for boys and Pink for girls), 1 mosquito net (white round), 1 plastic bucket, 1 Towel, open shoes/sandals and Raba shoes for casual stay.

2.3. All other dresses after classes **MUST** be of good manner.

## 3.0. SCHOOL FEES, OTHER CHARGES AND SPECIAL COSTS PER SPECIFIC PROGRAM

The school fees, other charges and special costs may be paid as **WHOLE** at the beginning of each academic year **OR** per **INSTALLMENTS** as indicated in Table 5.3 and 5.4

**TABLE 2.1 FEE STRUCTURE FOR CLINICAL MEDICINE PROGRAM  
SECOND AND THIRD ACADEMIC YEAR**

S/N	ITEM	COST
1.	<b>TUITION FEES</b>	<b>1,220,000/=</b>
2.	<b>OTHER CHARGES</b>	
	a) Local Examination	250,000/=
	b) Field Attachments	250,000/=
	c) Clinical rotation	200,000/=
	d) Library Services.	30,000/=
	e) Procedure book/Practicum guide	85,000/=
	f) Graduation Contribution	20,000/=
	g) Stationary services	20,000/=
	h) Accommodation	00
	i) Transport Contribution	25,000/=
	j) Cleaning Tools	30,000/=
	<b>SUB TOTAL OF OTHER CHARGES</b>	<b>910,000/=</b>
<b>GRAND TOTAL</b>		<b>2,130,000/=</b>

**TABLE 2.1.1 PAYMENT PER INSTALLMENTS FOR CLINICAL MEDICINE PROGRAM  
SECOND AND THIRD ACADEMIC YEAR**

INSTALLMENTS	FIRST 14/10/2024	SECOND 01/01/2025	THIRD 01/04/2025	FOURTH 01/06/2025	TOTAL AMOUNT
<b>TUTION FEE</b>	450,000/=	300,000/=	270,000/=	200,000/=	1,220,000/=
<b>OTHER CHARGES</b>	300,000/=	250,000/=	200,000/=	160,000/=	910,000/=
<b>TOTAL</b>	<b>750,000/=</b>	<b>550,000/=</b>	<b>470,000/=</b>	<b>360,000/=</b>	<b>2,130,000/=</b>

**TABLE 2.2 FEE STRUCTURE FOR NURSING AND MIDWIFERY PROGRAMS  
SECOND AND THIRD ACADEMIC YEAR**

S/N	ITEM	COST FOR SECOND YEAR	COST FOR THIRD YEAR
1	<b>TUITION FEES</b>	<b>565,000/=</b>	<b>675,000/=</b>
2	<b>OTHER CHARGES</b>		
	a) Local Examination	200,000/=	200,000/=
	b) Library Services.	30,000/=	30,000/=
	c) Clinical rotation	150,000/=	150,000/=
	d) Field Attachments	200,000/=	200,000/=
	e) Research	-	150,000/=
	f) Graduation Contribution	20,000/=	20,000/=
	g) Stationary services	20,000/=	20,000/=
	h) Accommodation	00	00
	i) Transport Contribution	25,000/=	25,000/=
	j) Cleaning Tools	30,000/=	30,000/=
	<b>SUB TOTAL OF OTHER</b>		

	<b>CHARGES</b>	<b>675,000/=</b>	<b>825,000/=</b>
	<b>GRAND TOTAL</b>	<b>1,240,000/=</b>	<b>1,500,000/=</b>

**TABLE 2.2.1 PAYMENT PER INSTALLMENTS FOR NURSING AND MIDWIFERY PROGRAM SECOND AND THIRD ACADEMIC YEAR**

INSTALLMENTS	FIRST 14/10/2024	SECOND 01/01/2025	THIRD 01/04/2025	FOURTH 01/06/2025	TOTAL AMOUNT
<b>SECOND YEAR</b>	400,000/=	300,000/=	290,000/=	250,000/=	1,240,000/=
<b>THIRD YEAR</b>	500,000/=	400,000/=	350,000/=	250,000/=	1,500,000/=

**TABLE 2.3 FEE STRUCTURE FOR PHARMACEUTICAL SCIENCES PROGRAM SECOND AND THIRD ACADEMIC YEAR**

S/N	ITEM	COST FOR SECOND YEAR	COST FOR THIRD YEAR
1	<b>TUITION FEES</b>	<b>1,210,000/=</b>	<b>1,160,000/=</b>
2	<b>OTHER CHARGES</b>		
	a) Local Examination	200,000/=	200,000/=
	b) Field Attachment/Rotation	150,000/=	150,000/=
	c) Research	-	50,000/=
	d) Library Services	30,000/=	30,000/=
	e) Procedure Book/Practicum guide	80,000/=	80,000/=
	f) Graduation Contribution	20,000/=	20,000/=
	g) Stationary services	20,000/=	20,000/=
	h) Accommodation	00	00
	i) Transport Contribution	25,000/=	25,000/=
	j) Cleaning Tools	30,000/=	30,000/=
	<b>SUB TOTAL OF OTHER CHARGES</b>	<b>555,000/=</b>	<b>605,000/=</b>
	<b>GRAND TOTAL</b>	<b>1,765,000/=</b>	<b>1,765,000/=</b>

**TABLE 2.3.1 PAYMENT PER INSTALLMENTS FOR PHARMACEUTICAL SCIENCES PROGRAM SECOND AND THIRD ACADEMIC YEAR**

INSTALLMENTS	FIRST 14/10/2024	SECOND 01/01/2025	THIRD 01/04/2025	FOURTH 01/06/2025	TOTAL AMOUNT
<b>SECOND YEAR</b>	600,000/=	450,000/=	415,000/=	300,000/=	<b>1,765,000/=</b>
<b>THIRD YEAR</b>	600,000/=	450,000/=	415,000/=	300,000/=	<b>1,765,000/=</b>

**TABLE 2.4 FEE STRUCTURE FOR SOCIAL WORK PROGRAM SECOND AND THIRD ACADEMIC YEAR**

S/N	ITEM	COST FOR SECOND YEAR	COST FOR THIRD YEAR
1	<b>TUITION FEES</b>	<b>500,000/=</b>	<b>600,000/=</b>
2	<b>OTHER CHARGES</b>		

a) Local Examination	200,000/=	200,000/=
b) Library Services.	30,000/=	30,000/=
c) Log Book/Practicum guide	75,000/=	75,000/=
d) Field Attachments	200,000/=	200,000/=
e) Graduation Contribution	20,000/=	20,000/=
f) Stationary services	20,000/=	20,000/=
g) Accommodation	00	00
h) Transport Contribution	25,000/=	25,000/=
i) Cleaning Tools	30,000/=	30,000/=
<b>SUB TOTAL OF OTHER CHARGES</b>	<b>600,000/=</b>	<b>600,000/=</b>
<b>GRAND TOTAL</b>	<b>1,100,000/=</b>	<b>1,200,000/=</b>

**TABLE 2.4.1 PAYMENT PER INSTALLMENTS FOR SOCIAL WORK PROGRAM SECOND AND THIRD ACADEMIC YEAR**

	<b>FIRST 14/10/2024</b>	<b>SECOND 01/01/2025</b>	<b>THIRD 01/04/2025</b>	<b>FOURTH 01/06/2025</b>	<b>TOTAL AMOUNT</b>
<b>SECOND YEAR</b>	400,000/=	300,000/=	200,000/=	200,000/=	1,100,000/=
<b>THIRD YEAR</b>	450,000/=	350,000/=	200,000/=	200,000/=	1,200,000/=

**NOTE:**

1. Parents/Guardians should pay fees in installments as specified in table 5.1.1 (payment of more than one installment at once is acceptable)
2. Fees once paid will NOT be refunded.
3. School fees must be paid through **CRDB BANK** using control number provided by the college.
4. Parent, guardian or sponsor is supposed to provide the student a minimum of Tshs. **50,000/=** as subsistence allowance during field work practice

**4.0. EXAMINATION COSTS**

- 4.1. Each student shall pay Tshs 150,000/= for Ministry of Health National Examination during third installment (Nursing and Midwifery), and for Ministry of community development, gender, women and special groups National Examination during first installment (Social Work) **in cash at the College.**
- 4.2. A student who repeats a particular module will have to pay Tshs. **150,000/=** per module to be paid **through control number**
- 4.3. A student who supplements End of Semester I Examination will have to pay a total of Tshs. **30,000/=** per module as examination preparation cost. to be paid **through control number**
- 4.4. A student who fails end of semester II examination will have to pay a total of Tshs. **150,000/=** per module failed as internal examination cost. **(to be paid through control number)**

**5.0. SPECIAL COST**

**7.1. NACTVET QUALITY ASSURANCE**

Each student shall pay NACTVET quality assurance (Tshs15, 000/=) at the beginning of first semester **(To be paid in cash at the College).**

**7.2. STUDENT UNION**

Each student shall pay Tshs 10,000/= for Student Union through CRDB Bank

**A/C 0133516219700 ECOHASSO**

**7.3. NATIONAL HEALTH INSURANCE FUND (NHIF)**

It is advised for every student to possess a Health Insurance. Those who do not have this service, should come with **Tshs 50,400/=** (cash) every year to pay for NHIF card.

**8.0. MEALS**

The college is running catering services. Parents and guardians are advised to provide their students with a minimum of Tshs. **4,000/=** per day to cover breakfast, lunch and dinner.

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**DR. JUMA MAHUNJA**  
**PRINCIPAL**

**MEDICAL CERTIFICATE**

Dear Doctor,

Please examine Mr./Ms .....Who has been selected to join a.....Program. Please certify whether he/she is physically and mentally fit to undergo the programme. Specify if any chronic health problem is identified or any handicap which need special attention without hindrance of any critical information.

.....

**DR. JUMA MAHUNJA**  
**PRINCIPAL**

**DOCTORS MEDICAL REPORT**

I certify that I have examined Mr. /Ms.....and found him/her  
FIT/UNFIT for the programme as stipulated. I found that the applicant suffers from/is  
handicapped by.....

..... and  
she/he IS/NOT fit to undergo the stipulated course.

Name.....

Qualification.....

Signature.....

Address.....

Date.....

Hospital Official Stamp



**DECLARATION FORM**

I.....declare that on accepting to be admitted for  
.....program at Eljerry College of health and Allied Sciences, I will  
follow the rules and regulations of the school at school, practicum site, and community setting.

**SIGNED** .....**DATE**.....

**FULL NAME** .....

**ADDRESS** .....

.....

**MOBILE PHONE NUMBER** .....