



ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES (ECoHAS)

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JOINING INSTRUCTIONS FOR CLINICAL MEDICINE AND PHARMACEUTICAL SCIENCES PROGRAMS

ACADEMIC YEAR 2024/2025– SEPTEMBER INTAKE

1.0. INTRODUCTION

ELIJERRY College of Health and Allied Sciences (ECoHAS) is a Private Health Training College located in Muheza District, Tanga Region along Amani Road. The college is FULLY registered and accredited by the National Council for Technical and Vocational Education and Training (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
✓ Ordinary Diploma in Clinical Medicine	(CO Upgrading)	1 year
✓ Technician Certificate in Pharmaceutical Sciences		2 years
✓ Ordinary Diploma in Pharmaceutical Sciences		3 years
✓ Ordinary diploma in Pharmaceutical Sciences	(Upgrading)	1 year
✓ Technician Certificate in Nursing and Midwifery		2 years
✓ Ordinary Diploma in Nursing and Midwifery		3 years
✓ Ordinary diploma in Nursing and Midwifery	(Upgrading)	1 year
✓ 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

2.0. GENERAL REQUIREMENTS

All Students are required to report at ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES' Admission Office 23th September 2024 with the following: -

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

3.0. BASIC REQUIREMENTS

3.1. Uniforms

Students are required to come with uniforms as specified below: -

- 3.1.1. Girls/Ladies - White Dress long enough below the knee with white belt
- 3.1.2. Boys/Gents - White Shirt with Short Sleeve and Trouser of khaki in color
- 3.1.3. Each Student should have White Clinical Coat, black closed Shoes, white socks and white sweater for both gents and ladies.

NB: Open shoes/sandals and Raba shoes are neither allowed in classes nor in practical areas

3.2. Working Tools for Clinical Medicine Program

Each student should come with 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Fetoscope, patella hammer, 3 boxes of clean gloves (2 boxes during 1st semester and 1 box during 2nd semester), laptop/ smartphone, Special theatre attires (theatre scrubs) Blue/Green colored and 3 reams of paper A4 size (2 reams of paper during 1st semester and 1 ream during 2nd semester).

3.3. Working Tools for Pharmaceutical Sciences Program

Each student should come with Scientific calculator, a pair of scissors, laptop/ smartphone, 3 reams of paper A4 size (2 reams of paper during 1st semester and 1 ream during 2nd semester) and Tanzania Pharmaceutical Handbook (TPH) second edition 2011 or Tshs **50,000/=**.

4.0. HOSTEL/BEDDING REQUIREMENTS

4.1. 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**.

4.2. 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.

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

5.0. TUITION FEES AND OTHER CHARGES

The tuition fees and other charges may be paid as **WHOLE** at the beginning of each academic year **OR** per **INSTALLMENTS** as indicated in Table 5.1.1 and 5.2.1

**TABLE 5.1 FEE STRUCTURE FOR CLINICAL MEDICINE PROGRAM
FIRST ACADEMIC YEAR**

S/N	ITEM	COST
1	TUITION FEES	1,200,000/=
2	OTHER CHARGES	
	a) Identity Card	20,000/=
	b) Registration	25,000/=
	c) Local Examination	200,000/=
	d) Clinical Attachment/Rotations	150,000/=
	e) Library Services.	30,000/=
	f) Procedure Book/Practicum guide	80,000/=
	g) Caution Money	10,000/=
	h) Graduation Contribution	20,000/=
	i) Stationary services	20,000/=
	j) Accommodation	00
	k) Transport Contribution	25,000/=
	l) Cleaning Tools	30,000/=
	SUB TOTAL OF OTHER CHARGES	610,000/=
GRAND TOTAL		1,810,000/=

**TABLE 5.1.1 PAYMENT PER INSTALLMENTS FOR CLINICAL MEDICINE
PROGRAM FIRST ACADEMIC YEAR**

	INSTALLMENTS				
	FIRST 23/09/2024	SECOND 01/01/2025	THIRD 01/04/2025	FOURTH 01/06/2025	TOTAL AMOUNT
TUTION FEE	450,000/=	300,000/=	250,000/=	200,000/=	1,200,000/=
OTHER CHARGES	250,000/=	150,000/=	110,000/=	100,000/=	610,000/=
TOTAL	700,000/=	450,000/=	360,000/=	300,000/=	1,810,000/=

**TABLE 5.2 FEE STRUCTURE FOR PHARMACEUTICAL SCIENCES PROGRAM
FIRST ACADEMIC YEAR**

S/N	ITEM	COST
1	TUITION FEE	1,040,000/=
2	OTHER CHARGES	
	a) Identity Card	20,000/=
	b) Registration	25,000/=
	c) Local Examination	200,000/=
	d) Field Attachment/Visit	250,000/=
	e) Library Services.	30,000/=
	f) Procedure Book/Practicum guide	80,000/=
	g) Caution Money	10,000/=
	h) Graduation Contribution	20,000/=
	i) Stationary services	20,000/=
	j) Accommodation	00
	k) Transport Contribution	25,000/=
	l) Cleaning Tools	30,000/=
	SUB TOTAL OF OTHER CHARGES	710,000/=
	GRAND TOTAL	1,750,000/=

**TABLE 5.2.1 PAYMENT PER INSTALLMENTS FOR PHARMACEUTICAL
SCIENCES PROGRAM FIRST ACADEMIC YEAR**

	INSTALLMENTS				
	FIRST 23/09/2024	SECOND 01/01/2025	THIRD 01/04/2025	FOURTH 01/06/2025	TOTAL AMOUNT
TUITION FEE	400,000/=	200,000/=	250,000/=	190,000/=	1,040,000/=
OTHER CHARGES	250,000/=	200,000/=	150,000/=	110,000/=	710,000/=
TOTAL	650,000/=	400,000/=	400,000/=	300,000/=	1,750,000/=

NOTE:

- Parents/Guardians should pay fees in installments as specified in table 5.1.1 and 5.2.1 (payment of more than one installment at once is acceptable)
- Fees once paid will NOT be refunded.
- School fees must be paid through **CRDB BANK** using control number provided by the college.
- Parent, guardian or sponsor is supposed to provide the student a minimum of Tshs. **50,000/=** as subsistence allowance during field work practice

6.0. EXAMINATION COSTS

- Each student shall pay Tshs 150,000/= for Ministry of Health End of Semester II National Examination during third installment **in cash at the College.**
- A student who repeats a particular module will have to pay Tshs. **150,000/=** per module to be paid **through control number**
- 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**
- 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*)

7.0. 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

DECLARATION FORM

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

SIGNED

DATE

FULL NAME

ADDRESS

MOBILE PHONE NUMBER

REQUESTION FORM FOR MEDICAL EXAMINATION

Dear Doctor,

Please examine Mr. /Ms.

Who has been selected to join aProgram.

Please certify whether he/she is physically and mentally fit to undergo the program. 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 program 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)