



ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES (ECoHAS)

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JOINING INSTRUCTIONS FOR CLINICAL MEDICINE AND PHARMACEUTICAL SCIENCES PROGRAMS ACADEMIC YEAR 2023/2024– 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. 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

2.0. GENERAL REQUIREMENTS

All Students are required to report at ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES' Admission Office on Monday 25th September 2023 with the following: -

- 2.1. Admission Letter.
- 2.2. Joining Instruction with dully filled forms No. I, II and III.
- 2.3. Original O-Level Certificate of Secondary School Education OR Equivalence Certificate provided by NECTA
- 2.4. Birth Certificate/Affidavit
- 2.5. Identity cards if any, Travel Passports, and Residential Permits for Foreigners
- 2.6. National Health Insurance Fund (NHIF) card or Tshs **50,400/=** as stated in **table 5.3 of Special Cost.**

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 not allowed in classes and 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 a reasonable cost of **TZS 200,000/= per year**. This should be paid **ONCE** or in **TWO EQUAL INSTALLMENTS (100,000/= per semester)**, However the college **has limited accommodation**, thus we remind students to report as early as possible or to make reservation for Hostel. The payment will be made at the college once the student arrives.

4.2. Each Student should come with 1 blanket, 2 bed sheets (Blue color for boys and Pink for girls), 1 pillow + 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. SCHOOL FEES, OTHER CHARGES AND SPECIAL COSTS

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 5.1.1, 5.2.1 and 5.3

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

S/N	ITEM	COST
1	Tuition Fees	1,300,000/=
2	Identity Card	20,000/=
3	Registration	20,000/=
4	Local Examination	100,000/=
5	Field Attachment/Visit	00
6	Clinical Attachment/Rotations	200,000/=
7	Library Services.	20,000/=
8	Procedure Book/Practicum guide and Prospectus	70,000/=
9	Caution Money	20,000/=
10	Graduation Contribution	20,000/=
11	Stationary services	30,000/=
GRAND TOTAL		1,800,000/=

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

INSTALLMENTS					
INSTALLMENTS AND DATE	FIRST 25/09/2023	SECOND 01/01/2024	THIRD 01/04/2024	FOURTH 01/07/2024	TOTAL AMOUNT
TUTION FEE	400,000/=	300,000/=	300,000/=	300,000/=	1,300,000/=
OTHER CHARGES	200,000/=	100,000/=	100,000/=	100,000/=	500,000/=
TOTAL	600,000/=	400,000/=	400,000/=	400,000/=	1,800,000/=

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

S/N	ITEM	COST
1	Tuition Fee	1,050,000/=
2	Identity Card	20,000/=
3	Registration	20,000/=
4	Local Examination	85,000/=
5	Field Attachment/Visit	200,000/=
6	Research supervision	00
7	Library Services.	20,000/=
8	Procedure Book/Practicum guide and Prospectus	30,000/=
9	Caution Money	20,000/=
10	Graduation Contribution	20,000/=
11	Stationary services	35,000/=
GRAND TOTAL		1,500,000/=

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

INSTALLMENTS					
INSTALLMENTS AND DATE	FIRST 25/09/2023	SECOND 01/01/2024	THIRD 01/04/2024	FOURTH 01/07/2024	TOTAL AMOUNT
TUTION FEE	300,000/=	250,000/=	300,000/=	200,000/=	1,050,000/=
OTHER CHARGES	150,000/=	100,000/=	100,000/=	100,000/=	450,000/=
TOTAL	450,000/=	350,000/=	400,000/=	300,000/=	1,500,000/=

TABLE 5.3 SPECIAL COSTS

ITEMS	AMOUNT	TIME FOR PAYMENT	PAYMENT MODALITIES
National Health Insurance Fund (NHIF)	50,400/=	During First Installment	Elijerry Training Centre Account Number 41910009029 NMB Bank
National Examination	150,000/=	During Third Installment	Elijerry Training Centre Account Number 41910009029 NMB Bank
NACTVET Quality Assurance	15,000/=	During First Installment	Elijerry Training Centre Account Number 41910009029 NMB Bank
Transport Contribution	25,000/=	During First Installment	Control Number
Student Union	10,000/=	During First Installment	ECOHASSO Account Number 0133516219700 CRDB Bank
Cleaning Tools	30,000/=	During First Installment	Elijerry Training Centre Account Number 41910009029 NMB Bank
TOTAL	280,400/=		

NOTE:

1. Parents/Guardians should pay fees in installments as specified in table 5.1.1, 5.2.1 and 5.3 (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

6.0. REPEAT MODULE AND SUPPLEMENTARY EXAMINATION COSTS

- 6.1. A student who repeats a particular module(s) will have to pay Tshs. **150,000/=** per module
- 6.2. 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.
- 6.3. A student who supplements end of semester II examination will have to pay a total of Tshs. **150,000/=** per module failed as internal examination cost.

7.0. MEALS

The college is running catering services. Parents and guardians are advised to provide their students with a minimum of Tshs. **4,000/=** up to **4,500/=** per day to cover breakfast, lunch and dinner.

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DR. JUMA MAHUNJA

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.

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**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)