



# ELIJERRY TRAINING CENTER (ETC)

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## JOINING INSTRUCTION FOR ACADEMIC YEAR 2019/2020 ADMISSION TO CLINICAL MEDICINE MARCH INTAKE

**ELIJERRY Training Centre is a private Health Training Institution FULLY registered and accredited by the National Council for Technical Education (NACTE) with Registration number REG/HAS/173**

### **In this intake the college only offers**

- ✓ Technician Certificate in Clinical Medicine (CA) 2 years
- ✓ Ordinary Diploma in Clinical Medicine (CO) 3 years

### **1.0. GENERAL REQUIREMENTS**

All Students are required to report at ELIJERRY TRAINING CENTRE admission office on 11<sup>th</sup> March 2019 before 4.00 PM with the following:-

- 1.1. Admission letter to ELIJERRY
- 1.2. Joining Instruction with dully filled forms no I, II, III, and IV
- 1.3. Original O-Level Certificate of Secondary School Education
- 1.4. Birth Certificate/Affidavit
- 1.5. Identity cards if any, Travel Passports and residential permits for foreigners
- 1.6. Two recent colored passport size
- 1.7. Two reams of photocopy papers A4 size
- 1.8. Bank Pay-in-Slip for Fees and other charges paid (*School accounts are specified*)
- 1.9. NB: Students who arrive after 4.00 Pm are advised to report in the next day

### **2.0. BASIC REQUIREMENTS**

#### **2.1. Uniforms**

Each student is required to come with a white clinical coat and other uniforms as specified below:-

- i. Girls/Ladies - white Dress long enough below the knee with white belt
- ii. Boys/Gents - white Shirt with short sleeve and Trouser of khaki in color
- iii. Each student shall put on Black Shoes. Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas

## 2.2. Practical Instruments

One Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Boxes of Clean Gloves (These items can be purchased while in the college)

## 3.0. HOSTEL AND PERSONAL REQUIREMENTS

3.1. The college is currently having no adequate space for all students. Therefore Students will be required to rent accommodation nearby the college. The average costs ranges from TZS 15,000/= to TZS 25,000= per month.

3.2 Students should come with the following requirements. One blanket, 4 bed sheets of blue color, 1 pillow + 2 pillow cases (Blue), 1 mosquito net (white round), 1 plastic bucket, 1 Towel, Open shoes/sandals and canvas shoes for casual stay. All other dresses after classes MUST be of good manner.

## 4.0. SCHOOL FEES AND OTHER CHARGES

The school fees and other charges for academic year 2019/2020 programs are as shown in the following table:-

### 4.1. SCHOOL FEES

S/NO	ITEM	PROGRAM	LOCAL STUDENTS TSHS	FOREIGNERS USD
I	TUITION FEES PER ANNUM/YEAR	CLINICAL MEDICINE	1,500,000/=	900.00

### 4.2. OTHER CHARGES/COSTS

S/NO	ITEM	LOCAL STUDENTS TZS	FOREIGNERS USD	FREQUENCY
1	Identity Card	15,000/=	15.00	Once
2	Students Union	10,000/=	10.00	Every Year
3	Registration	40,000/=	25.00	Once
4	NACTE quality assurance	15,000/=	15.00	Once per year
5	Local Examination	150,000/=	90.00	Every Year
6	Field Attachment	200,000/=	120.00	Once
7	Field visit	20,000/=	20.00	Once
8	Reference book Contribution	40,000/=	25.00	Every Year
9	Stationeries	30,000/=	20.00	Every Year
10	Practical Procedure book and Practicum guide	40,000/=	25.00	Every Year
11	Caution Money	20,000/=	20.00	Once
12	Graduation Contribution	10,000/=	20.00	Every Year
13	Sports and Games	20,000/=	20.00	Every Year
<b>TOTAL</b>		<b>610,000/=</b>	<b>425.00</b>	

**NB: School fees and other charges may be changed at any time without prior notice when necessary**

## **5. PAYMENT SCHEDULE FOR SCHOOL FEES AND OTHER CHARGES**

Fees should be paid in **FULL** at the beginning of each academic year **OR in TWO INSTALLMENTS** as shown in the table below.

<b>INSTALLMENT (2)</b>	<b>DUE DATE</b>	<b>AMOUNT</b>
<b>FIRST SEMESTER</b>	On reporting day	1,110,000/=
<b>Second SEMESTER</b>	1 <sup>st</sup> week of September	1,000,000/=
<b>TOTAL</b>		<b>2,110,000/=</b>

NOTE:

- Fees once paid will **NOT** be refunded.
- Payment by cheque, Money Orders (MO) etc is accepted prior to clearance by the bank.
- Payment by M-Pesa, Tigo Pesa, and Airtel Money e.t.c is **STRICTLY NOT ACCEPTED.**
- School fees must be paid through the **NMB Bank “ELIJERRY TRAINING CENTRE ACCOUNT NO: 41910009029” OR CRDB Bank “ELIJERRY TRAINING CENTRE ACCOUNT NO: 0150229627100”**
- The bank original pay-in-slip should be submitted to the college accountant or cashier for receipt/acknowledgement.
- We strongly advise parents/guardians to pay through bank accounts and give their students a pay in slip

## **6. MEALS**

The institution is running Catering services at a reasonable cost. Parents/Guardian/Sponsor have to pay direct to the college Catering Officer an average of TZS 81,000/= per month to cover breakfast, lunch and supper or provide students with pocket money to buy some food in the school cafeteria.

NOTE:

### **1. MoHCDGEC EXAMINATION COST**

Each Student is supposed to pay a total of TZS 150,000/= direct to the Ministry of Health through NMB account named **APPLICATION AND EXAMINATION FEES** number **20110007946** and submit original pay-in-slip to the institution accountant every academic year

### **2. NATIONAL HEALTH INSURANCE FUND**

Students who possess national health insurance fund (NHIF) cards have to bring their cards and use them. Those who are not members of any Health Insurance Fund have to pay TZS 65,000/= every year in order to get the cards.

### **FIELD PRACTICE**

3. Each parent/guardian/sponsor is supposed to provide an adequate amount of pocket money to the student to cutter for meals and subsistence allowance during field work practice

### **4. SUPPLEMENTARY EXAMINATION COSTS**

#### **4.1. Internal**

A student who supplement Continuous Assessment Tests (CATs) will contribute a total of TZS 30,000/= examination preparation cost to the school.

#### **4.2. External**

A student who fail end of semester II examination will have to pay a total of TZS 150,000/= per module failed for internal examination preparation cost.

A student who repeats a semester will have to pay 50% percent of the annual school fees

**E. CHIGUA - DIRECTOR**

**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.

**ELIZABETH CHIGUA**  
**DIRECTOR**

**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

**FINANCIAL GUARANTEE FORM  
(TO BE FILLED BY THE PAYER/ SPONSOR)**

**NAME OF THE STUDENT**.....

**COURSE ADMITTED FOR** .....

I, THE UNDERSIGN, here by guarantee to Eljerry Training Centre that, I will meet the cost requirements as specified

I will also accept additional cost sharing which could arise in between the programme.

However I will accept any decision from the Eljerry Training Centre following failure to meet the cost requirement.

**NOTE:**

No refund of money in case of school dropout, discontinued or any problems which will make student to leave the institute

**SIGNATURE OF GURANTOR**.....

**FULL NAME OF GURANTOR**.....

**FULL ADDRESS OF GURANTOR**.....

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

**EMAIL ADDRESS**.....

**RELATIONSHIP TO APPLICANT (if any)** .....

**DATED THIS** .....

**OFFICIAL STAMP IF ANY**

**DECLARATION FORM**

**Dear Sir/Madam**

I.....declare that on accepting to be admitted for .....program at Elijerry training center, 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** .....

**STUDENT'S BIO-DEMOGRAPHIC INFORMATION**

**Student's First Name** .....

**Second and Third Name**.....

**Addresses: P.O. Box**.....**District**.....

**Region** .....

**Date of Birth:**    Date..... Month..... Year.....

**Sex:**                Male .....                                Female .....

**Marital Status:**    married single..... widow divorced.....

**Next of Kin:**                Name .....

**Address:**    Box.....District.....Region.....

**Mobile Phone Number**.....

**Email Address** .....

**Sponsors/Parents/Guardian:** Name.....

**Address:**    Box.....District.....Region.....

**Mobile Phone Number**.....

**Emergency Contact names and phone number**

1:    Name .....Address.....

      Mobile Phone Number.....

2:    Name .....Address.....

      Mobile Phone Number.....