



# ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES (ECoHAS)

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## JOINING INSTRUCTIONS FOR NURSING AND MIDWIFERY, AND SOCIAL WORK 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 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 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

### 2.0. GENERAL REQUIREMENTS

All Students are required to report at ELIJERRY COLLEGE OF HEALTH AND ALLIED SCIENCES' Admission Office on Monday 25<sup>th</sup> 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 5.4** of **Special Cost**.

### **3.0. BASIC REQUIREMENTS**

#### **3.1. Uniforms**

3.1.1. Uniforms are provided by the college at a cost of Tshs **35,000/=** per uniform

3.1.2. Students should have 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**

Each student should come with laptop or Smartphone and 3 reams of paper A4 size (2 reams of paper during 1<sup>st</sup> semester and 1 ream during 2<sup>nd</sup> semester)

##### **3.2.1. Additional tools specific for Nursing and Midwifery Students**

Each student should come with 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Fetoscope, patella hammer, a pair of scissors, 3 boxes of clean gloves (2 boxes during 1<sup>st</sup> semester and 1 box during 2<sup>nd</sup> semester) and Special theatre attires (theatre scrubs) Blue/Green colored.

### **4.0. HOSTEL AND 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 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 5.1 FEE STRUCTURE FOR NURSING AND MIDWIFERY PROGRAM  
FIRST ACADEMIC YEAR**

S/N	ITEM	COST
1.	Tuition Fee	400,000/=
2.	Registration	20,000/=
3.	Local Examination	100,000/=
4.	Library Services.	20,000/=
5.	Clinical rotation	150,000/=
6.	Procedure Book/Practicum guide and Prospectus	50,000/=
7.	Caution Money	10,000/=
8.	Stationary services	20,000/=
<b>GRAND TOTAL</b>		<b>770,000/=</b>

**TABLE 5.2 FEE STRUCTURE FOR SOCIAL WORK PROGRAM  
FIRST ACADEMIC YEAR**

S/N	ITEM	COST
1.	Tuition Fee	400,000/=
2.	Identity Card	20,000/=
3.	Registration	20,000/=
4.	Local Examination	50,000/=
5.	Field Attachment/Visit	200,000/=
6.	Library Services.	20,000/=
7.	Procedure Book/Practicum guide and Prospectus	70,000/=
8.	Caution Money	10,000/=
9.	Stationary services	20,000/=
<b>GRAND TOTAL</b>		<b>770,000/=</b>

**TABLE 5.3 PAYMENT PER INSTALLMENTS FOR NURSING AND MIDWIFERY/  
SOCIAL WORK PROGRAMS FIRST ACADEMIC YEAR**

INSTALLMENTS AND DATES	FIRST 25/09/2023	SECOND 01/04/2024	TOTAL AMOUNT
<b>TUTION FEE</b>	200,000/=	200,000/=	400,000/=
<b>OTHER CHARGES</b>	200,000/=	170,000/=	370,000/=
<b>TOTAL</b>	<b>400,000/=</b>	<b>370,000/=</b>	<b>770,000/=</b>

**TABLE 5.4 SPECIAL COSTS**

ITEMS	AMOUNT	TIME FOR PAYMENT	PAYMENT MODALITIES
National Health Insurance Fund (NHIF)	50,400/=	During First Installment	<b>Elijerry Training Centre Account Number 41910009029 NMB Bank</b>
National Examination	150,000/=	<ul style="list-style-type: none"> <li>• During Second Installment For Nursing and Midwifery</li> <li>• 01<sup>st</sup> November 2023 for Social Work</li> </ul>	<b>Elijerry Training Centre Account Number 41910009029 NMB Bank</b>
NACTVET Quality Assurance	15,000/=	During First Installment	<b>Elijerry Training Centre Account Number 41910009029 NMB Bank</b>
Transport Contribution	25,000/=	During First Installment	<b>Control Number</b>
Student Union	10,000/=	During First Installment	<b>ECOHASSO Account Number 0133516219700 CRDB Bank</b>
Cleaning Tools	30,000/=	During First Installment	<b>Elijerry Training Centre Account Number 41910009029 NMB Bank</b>
<b>TOTAL</b>	<b>280,400/=</b>		

**NOTE:**

1. Parents/Guardians should pay fees in installments as specified in table 5.3 and 5.4 (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 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 for Nursing and midwifery students, Tshs. **50,000/=** for social work students 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 for Nursing and midwifery students, Tshs. **50,000/=** for social work students 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**  
**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 a .....Program.

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)*