

## **JOINING INSTRUCTIONS FOR NURSING & MIDWIFERY AND SOCIAL WORK PROGRAMS**

### **ACADEMIC YEAR 2026/2027 – SEPTEMBER INTAKE**

#### **1.0. INTRODUCTION**

**ELIJERRY College of Health and Allied Sciences (ECOHAS) is a Private Health Training Institution 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.**

**The 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 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 Pharmaceutical Sciences	2 years
✓ Ordinary Diploma in Pharmaceutical Sciences	3 years
✓ Ordinary Diploma in Pharmaceutical Sciences (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 on 21<sup>st</sup> September 2026 with the following: -

- 2.1. Joining Instruction with dully filled forms No. I, II and III.
- 2.2. Birth Certificate/Affidavit.
- 2.3. NIDA identity card 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**

- 3.1.1. Uniforms are provided by the College at a cost of Tshs **45,000/=** per uniform
- 3.1.2. Students should have black closed Shoes, white socks and white sweater for both ladies and gents.
- 3.1.3 All nursing and midwifery students should come with Tshs. **40,000/=** for scrubs

**NB: Open shoes/sandals and Raba shoes are neither allowed in classes nor 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, MUAC Tape for Adults and Children, Tuning Fork, Patella Hammer, Theater Cap, Mask (barakoa), Crocs Shoes, 3 boxes of clean gloves (**2 boxes during 1<sup>st</sup> semester and 1 box during 2<sup>nd</sup> semester**)

#### 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), Mattress size 2.5 x 6 x 4 inches or **Tsh 55,000/=**, 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 Rubber 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**

**TABLE 5.1 FEE STRUCTURE FOR NURSING AND MIDWIFERY AND SOCIAL WORK PROGRAMS**

S/N	ITEM	COST
<b>1</b>	<b>TUITION FEES</b>	<b>620,000/=</b>
<b>2</b>	<b>OTHER CHARGES</b>	
	a) Identity Card	25,000/=
	b) Registration	30,000/=
	c) Library Services.	35,000/=
	d) Procedure Book/Practicum guide	60,000/=
	e) Caution Money	20,000/=
	f) Stationary services	50,000/=
	g) Transport Contribution	50,000/=
	h) Cleaning Tools	30,000/=
	<b>SUB TOTAL OF OTHER CHARGES</b>	<b>300,000/=</b>
<b>GRAND TOTAL</b>		<b>920,000/=</b>

**TABLE 5.1.1 PAYMENT PER INSTALLMENTS FOR NURSING AND MIDWIFERY AND SOCIAL WORK PROGRAMS FIRST ACADEMIC YEAR**

INSTALLMENTS	FIRST 21/09/2026	SECOND 01/04/2027	THIRD 01/07/2027	TOTAL AMOUNT
<b>TUTION FEE AND OTHER CHARGES</b>	<b>370,000/=</b>	<b>275,000/=</b>	<b>275,000/=</b>	<b>920,000/=</b>

**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.

**6.0. EXAMINATION COSTS**

- 6.1. Nursing and Midwifery students shall pay Tshs 150,000/= for Ministry of Health National Examination during third installment **in cash at the College.**
- 6.2. Social Work Students shall pay Tshs 150,000/= for Ministry of community development, gender, women and special groups National Examination during first installment **in cash at the College.**
- 6.3. Each student shall pay Tshs 200,000/= for Local Examination (100,000/=at the beginning of each semester **in cash at the College).**
- 6.4. A student who repeats a particular module will have to pay Tshs. **500,000/=** per Semester through **control number provided by the College.**
- 6.5. A student who Supplements Local Examination will have to pay a total of Tshs. **30,000/=** per module as examination cost in cash.
- 6.6. A student who will sit for special examinations (Local examination) without any verified genuine reason shall be penalized the total amount of Tshs. **300,000/= in cash** as special examinations cost. However, Special examinations are not entertained at all.
- 6.7. A Nursing & Midwifery student who fails end of semester II examination will have to pay a total of Tshs.**150,000/=** per module failed as examination cost, **through control number provided by the College.**
- 6.8 A Social Work student who Supplements both End of Semester I and II Examinations will have to pay a total of Tshs. **50,000/=** per each End of Semester Supplementary Examination in cash.

**7.0. SPECIAL COST****7.1 NACTVET QUALITY ASSURANCE**

Each student shall pay NACTVET quality assurance (Tshs20,000/=) at the beginning of first semester **(To be paid in cash at the College).**

**7.2 MAINTENANCE AND MINOR REPAIR**

Each student shall pay Tshs 50,000/= at the beginning of first semester **(To be paid in cash at the College).**

### 7.3 FIELD COST AND PRACTICUM SITE FEE

Each student shall pay Tshs100,000/= for Field Cost and Practicum Site Fee as follows:-

- Nursing and Midwifery at the beginning of first Semester ***(To be paid in cash at the College).***
- Social Work at the beginning of second Semester ***(To be paid in cash at the College).***

### 7.4 STUDENT UNION

Each student shall pay Tshs 10,000/= at the beginning of first semester for Student Union through **ECOHASSO BANK ACCOUNT (The Account number will be provided at The College).**

### 7.5. NATIONAL HEALTH INSURANCE FUND (NHIF)

Each student should possess a Health Insurance. Those who do not have this service, should come with **Tshs 50,400/=** (cash) at the beginning of the first semester 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. **5,000/=** 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 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.

.....  
**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)*