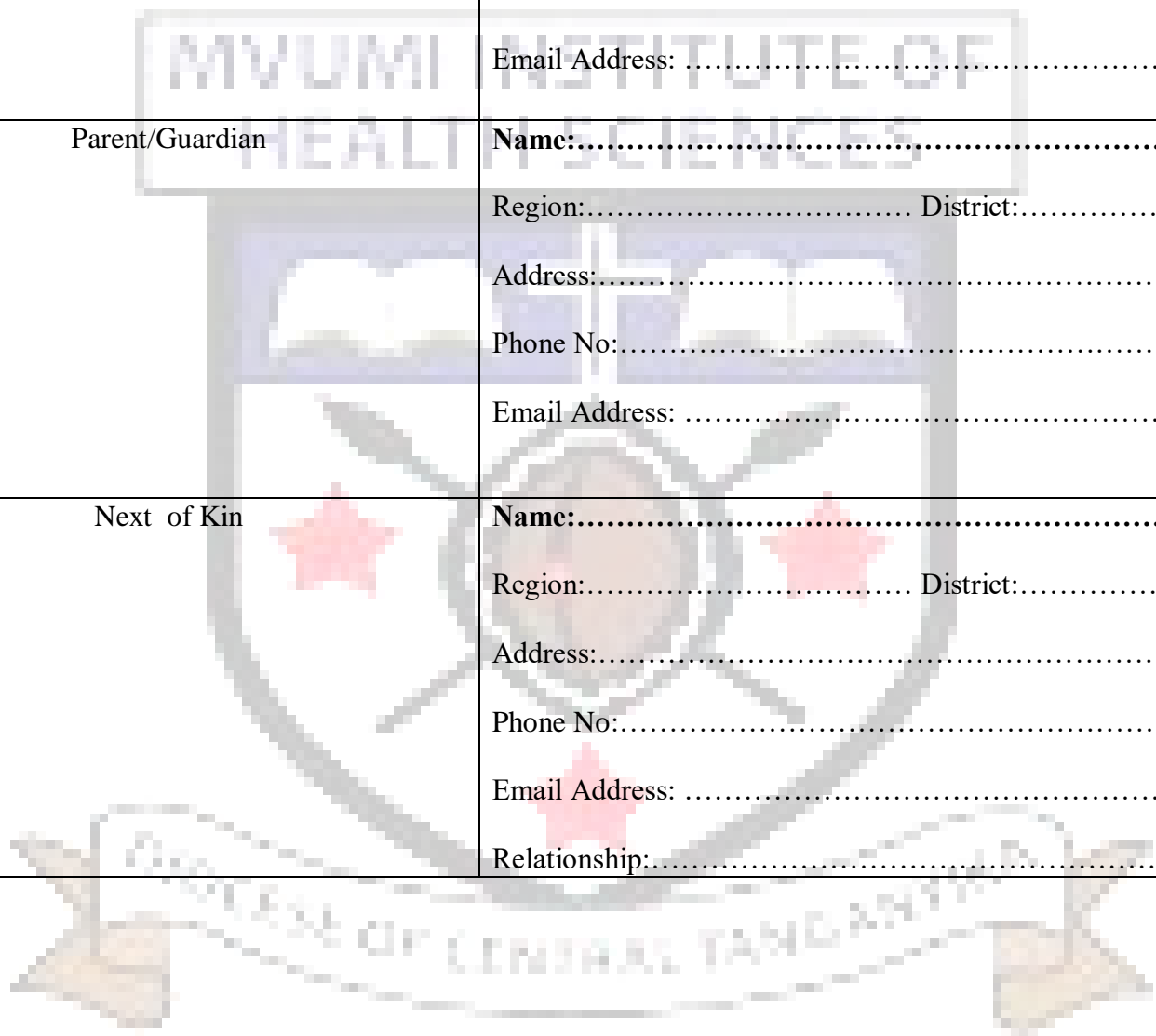




<p><b>Applicants Contacts</b></p>	<p><b>Name:</b>.....</p> <p>Region:..... District:.....</p> <p>Address:.....</p> <p>Phone No:.....</p> <p>Email Address: .....</p>
<p>Parent/Guardian</p>	<p><b>Name:</b>.....</p> <p>Region:..... District:.....</p> <p>Address:.....</p> <p>Phone No:.....</p> <p>Email Address: .....</p>
<p>Next of Kin</p>	<p><b>Name:</b>.....</p> <p>Region:..... District:.....</p> <p>Address:.....</p> <p>Phone No:.....</p> <p>Email Address: .....</p> <p>Relationship:.....</p>



PUT No 1, 2 AND 3 IN THE BOX INDICATING THE COURSE OF YOUR CHOICE 1<sup>st</sup>, 2<sup>nd</sup> AND 3<sup>rd</sup>

COURSE	Applicant must have a Certificate of Secondary Education Examination (CSEE) with minimum;
<input type="checkbox"/> ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES	Four (4) passes in non-religious Subjects including “D” Pass in Chemistry and Biology, a Pass in Basic Mathematics and English Language is an added advantage.
<input type="checkbox"/> ORDINARY DIPLOMA IN NURSING AND MIDWIFERY	Four (4) passes in non-religious Subjects including “D” Pass in Chemistry, Biology and Physics/Engineering Sciences a Pass in Basic Mathematics and English Language is an added advantage.
<input type="checkbox"/> ORDINARY DIPLOMA IN MEDICAL LABORATORY SCIENCES	Four (4) passes in non-religious Subjects including “D” Passes in Chemistry, Biology and Physics/Engineering Sciences a Pass in Basic Mathematics and English Language is an added advantage.
<input type="checkbox"/> ORDINARY DIPLOMA IN INFORMATION TECHNOLOGY	Four (4) passes in non-religious Subjects OR Possession Of The National Vocational Award (NVA) Level III (Trade Test Grade I) In A Relevant Field With A Certificate Of Secondary Education Examination (CSEE)

**Verification:**

The following should be attached with this application form:

1. Copy of Secondary school certificate .
2. Original application fee (30,000/=) receipt or copy of receipt (*nonrefundable*).
3. Copy of birth certificate .

**Statement by Applicant:**

I have acquainted myself with the instructions for application to **Mvumi Institute of Health Sciences** and certify that to the best of my knowledge the information given above is correct. I understand presentation of false information lead to disqualification and legal action against me will be taken.

Date ..... Signature of Applicant: .....

**NOTE:**

1. **This form should be returned to the Registrar (Admission Office) before the 20<sup>th</sup> February 2020**
2. Selected applicants will be notified before 29<sup>th</sup> February 2020.
3. Other information will be available in the joining instruction which is available on the website. (www.mihs.ac.tz)
4. Academic year for 2020/2021 March intake starts on March/April 2020
5. Applicant should be mentally and physically fit.
6. **Application form without bank pay in slip will not be processed.**
7. Filled Application form should be sent to institute address: **P.O. Box 76 Mvumi Dodoma .**  
**OR**
8. Filled and scanned Application form should be emailed to institute email:  
**info@mihs.ac.tz**
9. Application fee (TZS 30,000/= „Non Refundable’) should be deposited in the Institute account number shown below.

**Bank: CRDB Bank**

**Account No: 0150448024800**

**Name of Account: DCT MVUMI INSTITUTE OF HEALTH SCIENCES**

**REGISTRAR**

**EMAIL: [info@mihs.ac.tz](mailto:info@mihs.ac.tz)**

**Mobile: 0755464074  
0655845715  
0769431497  
0717240236  
0682990681**