

- *Our Vision is to be centre of excellence in health training, research and consultancy* -

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

TOP ONE COLLEGE OF HEALTH AND ALLIED SCIENCES

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WhatSapp +255768014738

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Email: admissiontocohas@gmail.com

Physical address: Osterbay Streat Msamala



Other contacts 1: +255 718 993 030

Other contacts 2: +255 628 917 522

Email 2: tocohastz@gmail.com

Registration: REG/HAS/184

APPLICATION FORM FOR DIFFERENT PROGRAMS (STUDY YEAR 2023/2024)

Note:

1. Before completing this application form, make sure that you have paid Application fee Tsh 20,000/- to the following account:
 - **Account Name:** TOP ONE COLLEGE OF HEALTH ALLIED SC.
 - **Account Number:** 61810035331
 - **Bank:** National Microfinance Bank (NMB)

Then, Scan your bank slip ID and attach with this form

2. Those fields that contains red stars are mandatory fields

3. How to submit this form

After filling this form you are required to do the following:-

- a. If you are nearby our college, You can deliver this form direct to our college
- b. If you took this form from our agent, then deliver it to the same agent you took from
- c. If you have downloaded from our website, www.tocohas.ac.tz you are required to fill it then scan every filled parts and then send it to the following official e-mails admissiontocohas@gmail.com and tocohastz@gmail.com

P.O. BOX 761 SONGEA

Attachments

The following attachments must be accompanied by your application form

1. O-level certificate
2. Birth certificate
3. Bank slip that shows you have paid Tsh 20,000/- as application fee

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4. O-Level certificate/ Result slip

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SECTION 1: APPLICANT DETAILS (TO BE FILLED IN CAPITAL LETTER ONLY)

FIRST NAME (JINA LA KWANZA) *	SECOND NAME (JINA LA PILI) *	SURNAME (JINA LA UKOO) *	DATE OF BIRTH (TAREHE KUZALIWA)*

NATIONALITY (UTAIFA)	GENDER (JINSIA)		MARITAL STSTAUS (HALI YA NDOA)		DISABILITY (ULEMAVU) ?
	<i>(Weka tiki kwenye kwenye kisanduku chini ya jinsia yako)*</i>		<i>(Weka tiki kwenye kwenye kisanduku chini)*</i>		
	Male (Kiume)	Female (Kike)	Married (Nimeoa/Nimeolewa)	Single (Sijaoa/Kuoolewa)	

NEXT OF KIN NAME (Jina la Ndugu wa Karibu)	MOBILE NUMBE (Namba yake ya Simu)	RELATION TYPE WITH YOU (Aina ya uhusiano wenu)	REGION OF RESIDENCE AND POST OFFICE ADDRESS (Mako yake kwa sasa na Sanduku lake la Posta)

SECTION 2: APPLICANT CONTACTS AND ADDRESS (TO BE FILLED IN CAPITAL LETTER ONLY)

YOUR PHONE NUMBER (Mawasiliano yako) *	PARENT/GUARDIAN MOBILE (Mawasiliano Mzazi/Mlezi) *	YOUR EMAIL ADDRESS (Barua pepe yako) *	GUARDIAN/PARENT EMAIL (Barua pepe mzazi/Mlezi)

RESIDENCE (STREAT/VILLAGE) (Mtaa/Kijiji unachoishi)*	DISTRICT (WILAYA)	REGION (MKOA)	POST OFFICE BOX (Sanduku la Posta)

SECTION 3: APPLICANT: CHOICE OF PROGRAMMES

In the table below, CHOOSE the Program you would like to study by indicating your preference by using a tick (√)

SN	PROGRAM NAME	DURATION	ENTRY QUALIFICATION	PROGRAM FEE	INDICATE PREFERENCE
1	Ordinary Diploma in Clinical Medicines	3 Years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects. "D" Passes in Physics, Biology and Chemistry are mandatory.	2,335,000	
2	Ordinary Diploma in Pharmaceutical Science	3 Years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects. "D" Passes in Biology and Chemistry are mandatory.	2,190,000	
3	Ordinary Diploma in Social Work	3 Years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes "D" with non-religious subjects	1,695,000	
FOR STUDENTS WISHING TO JOIN FOR NTA LEVEL 6 (ORDINARY DIPLOMA LAST YEAR)					
4	Ordinary Diploma in Clinical Medicines	1 Year (continuation of the Last)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects. "D" Passes in Physics, Biology and Chemistry are mandatory. NTA level 5 Minimum GPA of 2.0	1,925,000	
5	Ordinary Diploma in Pharmaceutical Science	1 Year (continuation of the Last)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects. "D" Passes in Biology and Chemistry are mandatory. NTA level 5 Minimum GPA of 2.0	1,875,000	



FOR STUDENTS WISHING TO JOIN FOR NTA LEVEL 5&6 (ORDINARY DIPLOMA IN SOCIAL WORK)

6	Ordinary Diploma In Social Work	2 Years NTA level 5&6	Holder of Basic Technician Certificate NTA level 4 from any recognised institution Or One pass "D" and subsidiary from "A" level	1,695,000 (New students) and 1,605,000 (continuous students from NTA level 4)	
		1 Year for NTA level 6	Holder of Basic Technician Certificate NTA level 5 from any recognised institution	1,605,000	

Note: The above fee excludes Meals. Hostel is free, Book your chance early

PLEASE SELECT INTAKE

MARCH INTAKE (THIS ACADEMIC YEAR):

SEPTEMBER INTAKE (THIS ACADEMIC YEAR):

SECTION 4: EDUCATIONAL BACKGROUND (TO BE FILLED IN CAPITAL LETTER ONLY)

PRIMARY SCHOOL (Shule ya Msingi) *	INDEX NUMBER (Number ya Mtihani)	FROM: (Mwaka wa Kuanza)	TO: (Mwaka wa Kumaliza)

**Kama unazaidi ya SIT moja jaza kwenye Nafasi ulizopewa hapo chini (1 – 3)*

SECONDARY SCHOOL (Shule ya Secondary) *	INDEX NUMBER (Number ya Mtihani)	FROM: (Mwaka wa Kuanza)	TO: (Mwaka wa Kumaliza)
1.			
2.			
3.			

KAMA UMESOMA MPAKA KIDATO CHA SITA ONESHA HAPA CHINI

ADVANCE SCHOOL NAME	INDEX NUMBER (Number ya Mtihani)	FROM: (Mwaka wa Kuanza)	TO: (Mwaka wa Kumaliza)

**** KWA WANAOOMBA KUJIUNGA NA NTA LEVEL 6 PEKEE**

INSTITUTE NAME FOR YOUR NTA L5 STUDIES	NACTE REGISTRATION NUMBER	FROM: (Mwaka wa Kuanza NTA L4)	TO: (Mwaka wa Kumaliza NTA L5)

Contacts of Focal Personnel from your Previous Institution:

Admission Officer:

Mobile: Email:

Principal:

Mobile: Email:

SECTION 5: EMPLOYMENT DETAILS AND DECLARATION

A) EMPLOYMENT

Are you Employed? (Answer "YES" or "NO")	IF YES, STATE YOUR EMPLOYER NAME	EMPLOYER PHONE NUMBER	YOUR POSITION AT THE COMPANY

B) DECLARATION

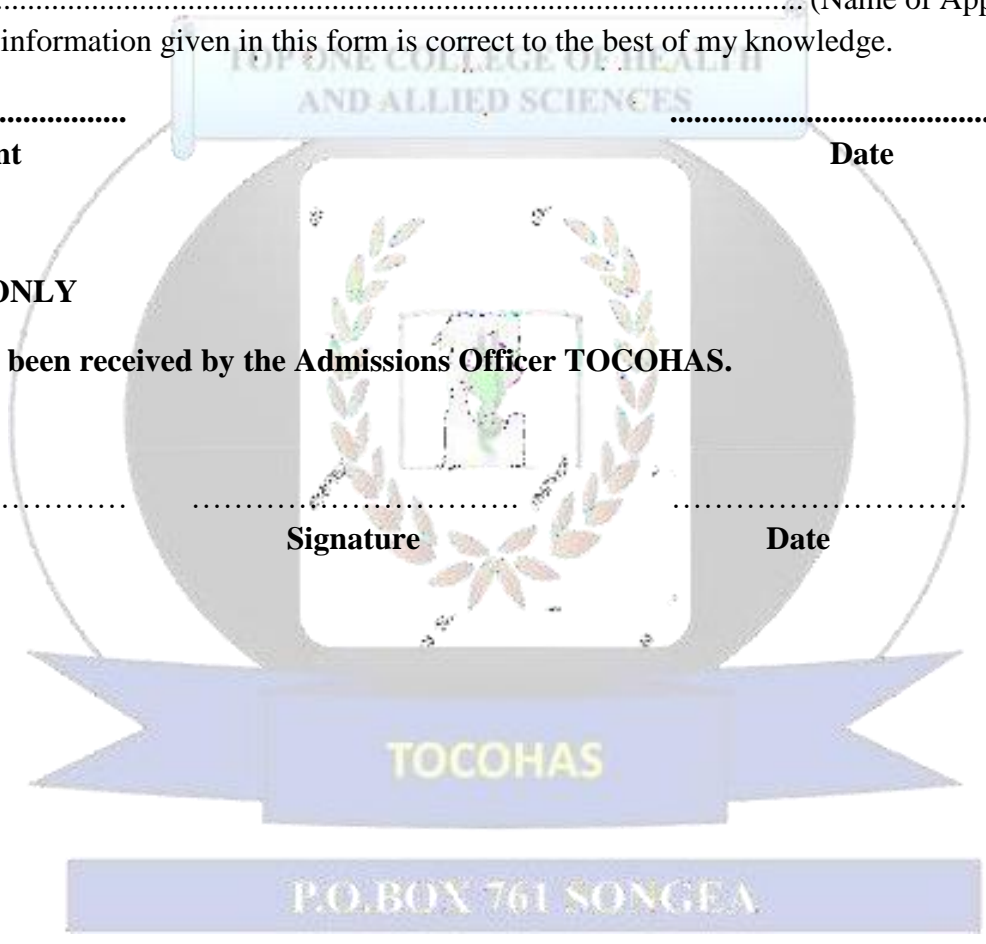
I..... (Name of Applicant), do hereby declare that all information given in this form is correct to the best of my knowledge.

.....
Signature of Applicant **Date**

FOR OFFICE USE ONLY

Application form has been received by the Admissions Officer TOCOHAS.

.....
Name of officer **Signature** **Date**



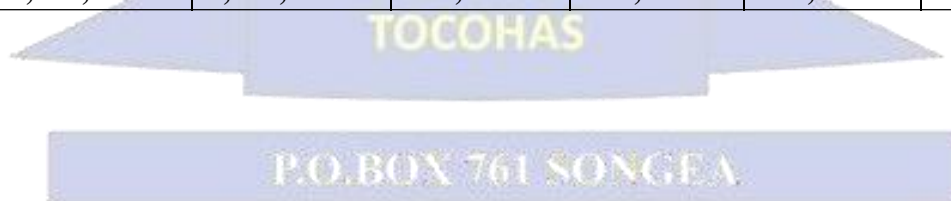
DESCRIPTIONS OF FEE STRUCTURE FOR SOCIAL WORK

SN	CATEGORY	AMOUNT	PAYMENTS BY INTALLMENT			REMARKS
			LAP 1 Immediate after reporting	LAP 2 Before CA II	LAP 3 Immedi ate of 2nd semester	
1	Tuition Fee	1,200,000	400,000	400,000	400,000	LIPA KUPITIA A/C Number: 61810035331 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: NMB EXAMINATION FEE and Students Organization A/C Number: 300207000228 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: TPB
2	Local Examinations	70,000	70,000	0	0	
3	End of Semester II Qualifying examinations	80,000	0	0	80,000	
4	Quality assurance	20,000	20,000			
5	Medical Insurance	55,000	55,000			
6	Identity Card	10,000	10,000			
7	Uniform, T-shirt & 1 Lab coat	60,000	60,000			
8	Caution Money	20,000	20,000			
9	NACTE Verification fee	20,000	20,000			
10	Registration charges (paid every year)	50,000	50,000			
11	Students organization	10,000	10,000			
12	Field and rotation	100,000		400,000	100,000	
TOTAL		1,695,000	715,000	400,000	580,000	

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DESCRIPTIONS OF FEE STRUCTURE FOR CLINICAL MEDICINE

SN	CATEGORY	AMOUNT	PAYMENTS BY INTALLMENT				REMARKS
			LAP 1 Immediate after reporting	LAP 2 Before CA I	LAP 3 Before ESE	LAP 4 Immediate of 2nd Semester	
1	Tuition Fee	1,400,000	350,000	350,000	350,000	350,000	LIPA KUPITIA A/C Number: 61810035331 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: NMB EXAMINATION FEE and Students Organization A/C Number: 300207000228 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: TPB
2	Local Examinations	150,000	150,000	0	0	0	
3	End of Sem II Qualifying examinations	150,000	0	0	0	150,000	
4	Quality assurance	45,000	45,000				
5	Medical Insurance	55,000	55,000				
6	Identity Card	10,000	10,000				
7	Uniform, Tshirt & 1 Lab coat	100,000	100,000				
8	Caution Money	50,000	50,000				
9	NACTE Verification fee	20,000	20,000				
10	Procedure book	50,000	50,000				
11	Rotation	100,000	50,000			50,000	
12	Students organization	10,000	10,000				
13	Medical equipment	165,000	165,000				
14	Registration charges (paid every year)	50,000	50,000				
TOTAL		2,355,000	1,105,000	350,000	350,000	550,000	



DESCRIPTIONS OF FEE STRUCTURE PHARMACEUTICAL SCIENCE

SN	CATEGORY	AMOUNT	PAYMENTS BY INTALLMENT				REMARKS
			LAP 1 Immediate after reporting	LAP 2 Before CA II	LAP 3 Immedi ate of 2nd semester	LAP 4 Before CAII	
1	Tuition Fee	1,400,000	350,000	350,000	350,000	350,000	LIPA KUPITIA A/C Number: 61810035331 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: NMB EXAMINATION FEE and Students Organization A/C Number: 300207000228 A/C Name: TOP ONE COLLEGE OF HEALTH Bank: TPB
2	Local Examinations	150,000	150,000	0	0	0	
3	End of Semester II Qualifying examinations	150,000	0	0	0	150,000	
4	Quality assurance	45,000	45,000				
5	Medical Insurance	55,000	55,000				
6	Identity Card	10,000	10,000				
7	Uniform, Tshirt & 1 Lab coat	100,000	100,000				
8	Caution Money	50,000	50,000				
9	NACTE Verification fee	20,000	20,000				
10	Registration charges (paid every year)	50,000	50,000				
11	Students organization	10,000	10,000				
12	Field and rotation	100,000		100,000			
13	Tanzania pharmaceutical hand book	50,000			50,000		
TOTAL		2,190,000	840,000	450,000	400,000	500,000	

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