# RULENGE – NGARA CATHOLIC DIOCESE

Biharamulo Health Sciences Training College (BHSTC)

*P.O.Box 43, Biharamulo, Kagera, Tanzania. Tel: 0752835813 / 0789151998*

*Email: **bhstcollege@gmail.com**, Website: https://biharamulohstc.ac.tz*


## ADMISSION LETTER

**WELCOME TO BIHARAMULO HEALTH TRAINING COLLEGE**

REF NUMBER:

DEAR_____

**SUBJECT: ADMISSION INTO COURSE FOR ACADEMIC YEAR 2026/2027**

I am pleased to inform you that you have been selected into_____ program in the department of _____ . Academic year begins on ……/2026. Classes will be preceded by computer courses and other preliminary academic proceedings. You are required to deposit a sum of 200,000 TZS in the college Account number **NMB 31706600267** account name **BIHARAMULO DDH.** This amount is for vacancy reservation and is part of college fee. Kindly call **0752835813** for further instructions.
Upon arrival, you will be oriented through students bylaws, college regulations and Ministry of health rules and regulations which will govern your stay at Biharamulo Health Science Training College.

**Mode of payments:**
Tuition fee and other contributions are paid through college Account number
**NMB 31706600267** account name **BIHARAMULO DDH**

A payment plan document will be issued to a student. This document indicates the instalments of fee payment. Terms and conditions apply.
Fee once paid is not refundable

I wish you a nice stay at BHSTC

Regards,

_____
PRINCIPAL

PRINCIPAL
SCHOOL OF MEDICAL
LABORATORY SCIENCES
P.O.Box 43 - BIHARAMULO

# RULENGE - NGARA CATHOLIC DIOCESE

**Biharamulo Health Sciences Training College**

**BHSTC (School of Medical Lab Sciences)**

Box 43, Biharamulo, Kagera. Tel: 0754298720 0282225122, Email: bhstcollege@gmail.com


| SECTION 1: APPLICANT DETAILS | *Please complete in BLOCK letter* |
|---|---|

STUDENT JOINING FORM

| | | |
|---|---|---|
| First Name | | |
| Middle Name | | |
| Surname | | |
| Date of Birth | | |
| Nationality | | |
| Gender<br>Male<br>Female | Marital Status<br>Single<br>Married | No. of children |
| Do you consider yourself to have a disability?<br>YES<br>NO | Do you have any criminal conviction record?<br>YES<br>NO | |

| | |
|---|---|
| Permanent Home Address | Parent/close relative name: |
| Country: | Country: |
| Region: | Region: |
| District: | District: |
| Post Code: | Post Code: |
| Telephone | Telephone |
| Email: | Email: |

SECTION2: COURSE SELECTION

**PRE-SERVICE PROGRAME**

Certificate in Clinical Medicine- 2years

Certificate in Medical Lboratory-2years
Ordinary Diploma in Clinical Medicine-3 years
Diploma in Medical Laboratory-3 years

**UPGRADING PROGRAME**
Ordinary Diploma in Clinical Medicine (Upgrading)-1 year
Diploma in Medical Laboratory (Upgrading)-1year

## SECTION 3: FINANCE

MODE OF PAYMENT
Tuition fees and other contributions are made through college Account number NMB 31706600267 account name BIHARAMULO DDH
Student Joining Instructions form is available
Terms of payment: Payment IS done either once per year, every semester or Quarterly.

## SECTION 4: ACCOMODATION

All residents are required to sign an accommodation agreements/contact before being allocated to the room. You are required to come with hostel necessary requirements which are mosquito net, Bedsheets light blue or pink.

**Note: Food will be available at college at reasonable price.**

## SECTION 5: COLLEGE UNIFORMS

| BOYS | GIRLS |
|---|---|
| 1.BROWN TROUSERS-2<br>2.WHITE SHIRT- 2<br>3.GREY SWEATER-1<br>4.LAB COAT-1<br>5.BLACK SHOES<br>6. BLUE TRACK SHUIT FOR SPORTS.<br>7. WHITE RUBBER SHOES FOR SPORTS. | 1.WHITE GOUN -2<br>2.GREY SWEATER-1<br>3.LAB COAT-1<br>4. BLACK SHOES.<br>5. BLUE TRACK SHUIT FOR SPORTS.<br>6. WHITE RUBBERS SHOES FOR SPORTS. |

**REQUIREMENTS FOR EACH PROGRAME**
**Clinical Medicine**
Sphygmomanometer, Patella hammer, Stethoscope and Tape measure, 1 Box of gloves (disposable), 1 box of gloves, Mercury Thermometer, Pen Torch and Toning fork, 3Reams of A4 double A per annum.

**Medical Laboratory**
1Box of glove, stopwatch and one box marker pen 3Reams of A4 double A per annum.

**NOTE**
All students are encouraged to come with their own laptops or Smart phones.

## SECTION 6: DOCUMENTS REQUIRED DURING REPORTING

This joining form
Academic certificate- Original form four/Six certificate or Results slip
Birth certificate
Three passport size photos
Bank slip

## SECTION 7: MEDICAL STATUS/REPORT

### MEDICAL EXAMINATION FORM

**PART 1. PERSONAL PARTICULARS.**
(To bee filled by the candidate)
SURNAME: _____
OTHER NAMES: _____
AGE: _____ SEX: _____
COURSE: _____

**PART 2. PERSONAL HISTORY**
Are you suffering or have you suffered from any of the following? Indicate Yes of No

| | |
|---|---|
| 1. Tuberculosis…… | 11.Diabetes…….. |
| 2. Asthma……. | 12.Epilepsy…… |
| 3. Rheumatic fever…… | 13.Deformity……... |
| 4. Allergic disorders ……. | 14. Mental Illness…….. |
| 5. Heart disease……. | 15.Eye disorder…….. |
| 6. Gastric or duodenal ulcers…….. | 16.Ear, Nose or Throat Disorder……. |
| 7. Jaundice…… | 17.Skin disease……. |
| 8. Dysentery…… | 18. Anemia …… |
| 9. Varicose veins……. | 19. Gynecological disorder…….. |
| 10. Kidney disease……. | 20.Any other serious disorder (specify)……. |

**PART 3. PHYSICAL EXAMINATION**

| | |
|---|---|
| 1.Height (cm)……. | 7. Nose…… |
| 2.Skin…… | 8. Cardiovascular system…… |
| 3.Weight (kg)…… | 9.Respiratory system…… |
| 4.Eyes…… | 10. Abdomen……. |
| 5.Ears (state if any discharge)…… | 11.Any abnomality…… |
| 6.Mouth and throat…….. | |

**PART 4. LABORATORY RESULTS**

| | |
|---|---|
| 1.Urinalysis…….. | 4. Full blood picture…… |
| 2.stool Examination…….. | 5. Widal test……. |
| 3. UPT……. | 6.VDRL…….. |

**PART 5. OFFICIAL USE ONLY**

I have examined Mr/Miss…… and consider that he/she ……. To be admitted to the college for higher education.

Name of Examiner: ……..

Hospital: ……

Title: …….

Signature: ……

Date: …….

Stamp……

SECTION 8: TERMS AND CONDITIONS

I am responsible for familiarizing myself with and abiding by all rules, regulations, directives and policies throughout my stay at the college
I agree to meet all assessment and exam requirements as stipulated by the college/MOH/NACTVET
I agree to abide by the attendance rules of the college and ensure that my class attendance is at least 90% throughout the duration of the course.
Fees once paid are non-refundable.
In agreeing to abide by this declaration I undertake to pay all fees as they become due and to meet any late fees and collection surcharges.
I agree to meet my financial obligations to the college in full and by the due date provided to me as detailed in my payment plan. I understand that I will not be permitted to enroll, sit for exam or graduate if I fail do so.
I hereby state that the information I have provided to the college is true and factual and that no information which would have a material bearing on this application has been withheld. I understand that the college will take appropriate action if subsequently found that part or all of the information provided is false.
I agree to be eliminated from studies upon failure to pay fees on time.

**STUDENT DECLARATION**

I am applying for admission to BHSTC. I understand that the decision to offer me a place rests with the college, and the decision of college is final. If I am offered and accept a place on the programme, I agree to abide by the rules and regulation**.**

Name……. Signature…… Date…….

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## TUTION FEE AND OTHER CONTRIBUTIONS FOR ACADEMIC YEAR 2024/2025
## DEPARTIMENT OF CLINICAL MEDICINE

| SN | DETAIL | SEMISTER 1 | SEMISTER 2 | TOTAL COST |
|---|---|---|---|---|
| 1 | Tuition fee | 1,000,000 | 500,000 | 1,500,000 |
| | **OTHER CONTRIBUTION** | | | |
| 2 | Internal examination | 400,000 | 400,000 | 800,000 |
| 3 | Accommodation | 100,000 | 100,000 | 200,000 |
| 4 | College development | 50,000 | 50,000 | 100,000 |
| | **Total payment per semester** | 1,550,000 | 1,050,000 | **2,600,000** |

## TUTION FEE AND OTHER CONTRIBUTIONS FOR ACADEMIC YEAR 2026/2027
## DEPARTIMENT OF MEDICAL LABORATORY

| SN | DETAIL | SEMISTER 1 | SEMISTER 2 | TOTAL COST |
|---|---|---|---|---|
| 1 | Tuition fee | 1,000,000 | 500,000 | 1,500,000 |
| | **OTHER CONTRIBUTION** | | | |
| 2 | Internal examination | 350,000 | 350,000 | 700,000 |
| 3 | Accommodation | 100,000 | 100,000 | 200,000 |
| 4 | College development | 50,000 | 50,000 | 100,000 |
| | **Total payment per semester** | 1,450,000 | 950,000 | **2,500,000** |

**DIRECT COST**

1. NACTE Registration 15,000
2. NACTE Examination 150,000
3. Identity card 10,000
4. Procedure log book 15,000

NB:

1. TUITION FEE AND OTHER CONTRIBUTION ARE PAID INTO ACCOUNT NUMBER NMB 31706600267 ACCOUNT NAME BIHARAMULO DDH
2. ALL DIRECT COST FEE MUST BE DEPOSITED AT ACCOUNT NUMBER NMB 31706600267 ACCOUNT NAME BIHARAMULO DDH
3. CASH IS STRICTLY NOT ACCEPTABLE, SUBMIT YOUR BANK PAY IN SLIP ON REPORTING DATE