



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 2025/2026

I am pleased to inform you that you have been selected into _____ program in the department of _____ . Academic year begins on 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



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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	Marital Status	No. of children
Male	Single	
Female	Married	
Do you consider yourself to have a disability?	Do you have any criminal conviction record?	
YES	YES	
NO	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 PROGRAMME

Certificate in Clinical Medicine- 2years

Certificate in Medical Laboratory-2years

Ordinary Diploma in Clinical Medicine-3 years

Diploma in Medical Laboratory-3 years



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UPGRADING PROGRAMME

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 at Tsh 10,000/=

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	1.WHITE GOUN -2
2.WHITE SHIRT- 2	2.GREY SWEATER-1
3.GREY SWEATER-1	3.LAB COAT-1
4.LAB COAT-1	4. BLACK SHOES.
5.BLACK SHOES	5. BLUE TRACK SHUIT FOR SPORTS.
6. BLUE TRACK SHUIT FOR SPORTS.	6. WHITE RUBBERS SHOES FOR SPORTS.
7. WHITE RUBBER 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.



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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 be 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 or No

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

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

1. Urinalysis..... 2. stool Examination..... 3. UPT.....	4. Full blood picture..... 5. Widal test..... 6. VDRL.....
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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 2025/2026 DEPARTMENT 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 2025/2026 DEPARTMENT 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