



**SOUTHERN HIGHLANDS COLLEGE OF HEALTH  
AND ALLIED SCIENCES (SHCOHAS).**

P. o box 955, Mbeya – Tanzania,  
Mob: +255 769185639, +255 763 171 895, +255 654 833 981,  
+255 617 414 640, OR +255 760 669 666. Reg No: Reg/has/200  
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**FEE STRUCTURE FOR PHARMACY COURSE**

DESCRIPTION	NTA LEVEL 4 (FIRST YEAR)	ACCOUNT NAME AND NUMBER
<b>TUITION FEE</b>	<b>1,250,000/-</b>	A/c Name: SOUTHERN HIGHLANDS COLLEG  A/c No: <b>01500015TKP00</b> Bank: CRDB
<b>ADMINISTRATIVE FEE</b>	<b>AMOUNT</b>	<b>ACCOUNT NUMBER AND NAME</b>
Compounding Lab	200,000/-	A/c Name: <b>Southern Highlands Society</b>  A/c No: <b>61010040170</b> Bank: NMB
Field Work	200,000/-	
Caution Money	50,000/-	
Library, Logbooks	50,000/-	
Internal Examination	185,000/-	
Stationary	30,000/-	
Identity Card	15,000/-	
Student Organization	20,000/-	
<b>SUB TOTAL</b>	<b>750,000/-</b>	
<b>GRAND TOTAL</b>	<b>2,000,000/-</b>	
<b>MINISTRY EXAMS AND QUALITY ASSURANCE</b>		A/c Name: <b>Southern Highlands Society</b>  A/c No: <b>61010040170</b> Bank: NMB
Ministry Examination	150,000/-	A/c No: <b>61010040170</b> Bank: NMB
Quality Assurance	20,000/-	
NHIF Contribution	65,000/-	
<b>SUB TOTAL</b>	<b>235,000/-</b>	

**HOSTEL IS AVAILABLE AT THE INSITITUTE FOR FREE PER EACH SEMESTER**

**NHIF CONTRIBUTION** is applicable to those who does not have NHIF card (Nation Health Insurance Fund)

**NB:** Accommodation cost does not include meal; Meal will be available within the institute campus at the minimum costs for students.



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**PAYMENT SCHEDULE – PHARMACEUTICAL SCIENCE 2026/2027**

Description	AWAMU ZA MALIPO YA ADA PAMOJA NA MICHANGO YA CHUO						
	KWANZA	PILI	TATU	NNE	TANO	SITA	
	1 <sup>st</sup> September	1 <sup>st</sup> November	2 <sup>nd</sup> January	1 <sup>st</sup> March	2 <sup>nd</sup> April	1 <sup>st</sup> June	
TUITION FEE	400,000/=		300,000/=	300,000/=	200,00/=	50,000/=	A/c Name: SOUTHERN HIGHLANDS COLLEG  A/c No: 01500015TKP00 Bank: CRDB
ADMINISTRATIVE FEE	300,000/=	150,000/=	200,000/=		100,000		A/c Name: Southern Highlands Society
NHIF	65,000/=						A/c No: 61010040170 Bank: NMB
MINISTRY AND NACTE FEES	20,000/=					150,000/=	
<b>TOTAL</b>	<b>785,000/=</b>	<b>150,000/=</b>	<b>500,000/=</b>	<b>300,000/=</b>	<b>300,000/=</b>	<b>200,000/=</b>	

**NB:** Please adhere to the payments Schedule instructions. All the fees should be paid at their respective bank accounts as shown in the payment schedules above. No refund will be made.

**TAFADHALI:** Usichanganye akaunti za malipo, ada ilipwe kwenye akaunti ya ada na michango ilipwe kwenye akaunti ya michango kama inavooneka na kwenye jedwali la malipo hapo juu.



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### WHERE AND HOW TO PAY?

1. All payments must be paid through BANK and submit pay slip on arrival in the college.
2. Fee payment is nonrefundable.
3. The cost is to be negotiable between the student and sponsor/parent.
4. It is advisable that student stay in the hostel for easy learning especially for the first year. Sometimes lessons will be conducted at the evening.
5. Since the accommodation is provided free of charge, **a student will only be accepted if they bring personal cleaning supplies, such as a broom, mop, and water bucket.** A student is not allowed to use electrical equipment's in the hostel.
6. A student is required to bring (3) three reams of paper: two (2) reams to be submitted to the college and one (1) ream to be kept for personal use.
7. A student is required to bring the Tanzania Pharmaceutical Handbook (TPH) and Calculator
8. Students are informed that uniforms are available at the college and should be purchased from the college at a cost of 120,000 TSH, as specified later in this form.
9. The student should come with 20,000/=TSh for t-shirt for the specific days.



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## 1. Student to Buy.

☐ **SCHOOL UNIFORMS; its according to the Tanzania medical student (NTAL4-6) uniforms dressing code as stipulated by the Ministry of Health and Social Welfare below;**

“SARE;

**Mwanamke:**

- i. Magauni mawili (2) ya cotton / pamba nzito nyeupe, yenye mikono mifupi. Hakikisha magauni yanavuka magoti-inch 6 (cm 12) chini ya magoti, isiwe na mpasuo nyuma. Mshono wake uwe sawa na sare za wauguzi au manesi mabegani iwe na utepe mweupe.
- ii. Viatu, vyeusi (simple) vyenye na Soksi nyeupe ndefu za kufika kwenye magoti.
- iii. Nywele za kusuka kwenda nyuma kuanzia matuta matano hadi saba, au ziwe za kuchana na kubana nyuma au ziwe zimenyolewa usawa mmoja. NB; Hairuhusiwi kusuka rasta, wiving, na wigi.
- iv. Mwanafunzi awe na kucha fupi, usoni hurusiwi kujipaka urembo.
- v. Suruali haziruhusiwi kwa wanawake.
- vi. Mtandio mweupe kwawatakao vaa mitandio **mfano** kwa Waumini wa dini ya kiislamu.
- vii. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, yasio Na maandishi wala kofia.
- viii. Makoti mawili (2) meupe na masafi yaliyoshonwa kwa tetroni nzito nyeupe. Koti moja liwe refu usawa wa magoti na mikono mirefu na linguine fupi Na mikono mifupi.
- ix. ‘Jeans’ haziruhusiwi kuvaliwa darasani au wakati wa mazoezi kwa vitendo hospitalini
- x. Nguo za michezo na kulalia
- xi. Ndoo moja ya matumizi binafsi na **VYOMBO VYA KUFANYIA USAFI HOSTELI.**



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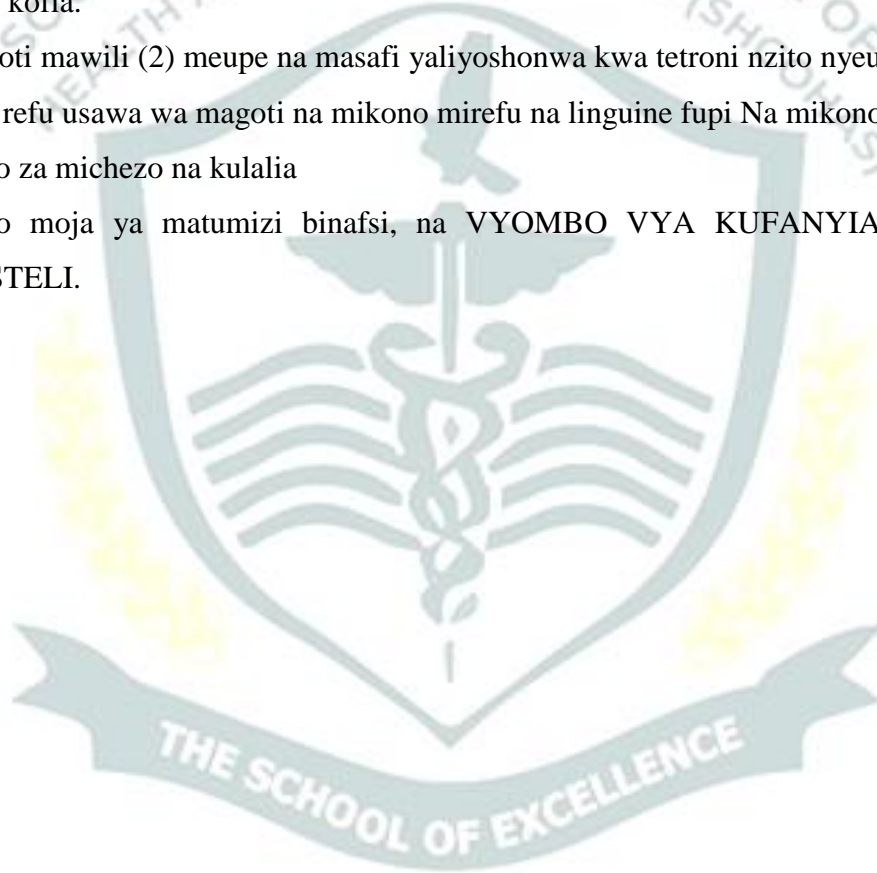
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**Mwanaume:**

- i. Suruali mbili (2) za rangi ya khaki tetroni isiyobana inayofunika viatu. Mwanafunzi hatakiwi kushona suruali inayombana.
- ii. Mashati mawili meupe yenye mikono mifupi.
- iii. Viatu vya ngozi nyeusi na Soksi nyeupe.
- iv. Nywele fupi usawa mmoja. NB; Nywele za mitindo haziruhusiwi.
- v. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, yasio na maandishi wala kofia.
- vi. Makoti mawili (2) meupe na masafi yaliyoshonwa kwa tetroni nzito nyeupe. Koti moja liwe refu usawa wa magoti na mikono mirefu na linguine fupi Na mikono mifupi.
- vii. Nguo za michezo na kulalia
- viii. Ndoo moja ya matumizi binafsi, na VYOMBO VYA KUFANYIA USAFI HOSTELI.





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**MEDICAL EXAMINATION REPORT**

**PERSONAL DATA:**

Names of the student: First name: .....

Middle name: .....

Last name: .....

Date of birth: .....

Address: .....

**DETAILS OF MEDICAL HISTORY:**

**Past or present illness:** is there history of any of the following conditions?

(Tick where appropriate)

- Diabetes mellitus: YES...../NO.....
- Peptic ulcer disease: YES...../NO.....
- Respiratory disease (e.g. Asthma): YES...../NO.....
- Hypertension: YES...../NO.....
- Sickle cell disease: YES...../NO.....
- Congenital disease (e.g. Valvular disease): YES...../NO.....
- Arthritis: YES...../NO.....  
(If YES please specify).....
- Visual disorders: YES...../NO.....  
(If YES PLEASE specify).....
- Auditory disorders: YES...../NO.....  
(If YES please specify).....
- Any allergic diseases: YES...../NO.....  
(Please specify).....
- Any surgical intervention: YES...../NO.....  
(If YES please specify year and diagnosis).....  
.....
- Any other conditions not mentioned: .....



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## DETAILS OF MEDICAL EXAMINATION: (Tick where appropriate)

### General condition:

- Height..... Weight.....
- Nutritional status: Normal...../Overweight...../Underweight.....
- Skin: Intact...../ Desquamated...../ hyper pigmented...../ Lesions.....
- Teeth: In good condition..... / requiring treatment.....

### **EYES:** Use smelling eye chart

Far vision: Without correction Rt..... Lt.....

With correction Rt..... Lt.....

Near vision: Without correction Rt..... Lt.....

With correction Rt..... Lt.....

### **HEARING:**

Whisper Rt.....m Lt.....m

Normal hearing Rt.....m Lt.....m

### **Examination of the chest:** (cardiac/respiratory system)

Normal: .....

Abnormal: .....( If abnormal please give positive signs).....  
.....  
.....

### Examination of the Abdomen:

Normal: .....

Abnormal: ..... (I f abnormal please give positive signs).....  
.....  
.....

### **Examination of the muscle skeletal system:** (Assess posture, gait, stiffness/pain of hands and feet joints, edema of lower limbs)

Normal: .....

Abnormal: ..... (I f abnormal please give positive signs).....  
.....



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.....  
**Examination of central nervous system and Psyche:** (Assess reflexes, abnormal behavior, mental diseases etc)

Normal: .....

Abnormal: ..... (If abnormal please give positive signs)

.....  
.....  
.....

**INVESTIGATIONS**

Perform the following investigations and indicate in the appropriate spaces below:

- MRDT/BS for MPS.....
- Stool Analysis.....
- Urinary Pregnancy Test.....
- Hemoglobin.....

Clinician Name: ..... Signature: .....

Date.....

Official Stamp

