



SOUTHERN HIGHLANDS COLLEGE OF HEALTH AND ALLIED SCIENCES

P.o Box 955, Mbeya – Tanzania, Mob; +255 769 185 639 or +255 763 171 895

Email; shcohas@gmail.com , Website: www.shcohas.ac.tz , Reg no; **REG/HAS/200**

“The School of Excellence”

APPLICATION FORM FOR ACADEMIC YEAR 2024/2025 SEPTEMBER INTAKE

NOTE: The names entered in this form must be exactly the same as those appearing in your form IV certificates

APPLICANT PARTICULARS	
First name	
Middle name	
Last name	
Gender	
Date of birth (dd,mm,yyyy)	
Email address	
Mobile number	
Primary school	
Secondary school	
Form iv index number(s)	
Form iv index number (P)	
Year of leaving form iv	
Nationality	
Domicile Region	
Domicile district	
Postal address	

THE COLLEGE OFFERS THE FOLLOWING COURSES
1. Certificate in clinical medicine (duration:2 year)
2. Ordinary diploma in clinical medicine(duration:3 year)
3. Upgrading diploma in clinical medicine(in-service)(duration :1year)
4. Certificate in Pharmaceutical Science
5. Ordinary Diploma in Pharmaceutical Science
6. Ordinary Diploma in Environmental Health Sciences (Duration: 3Years)

PARENT/GUARDIAN PARTICULARS	
Full name	
Relationship	
Mobile number	
Email address	
Postal address	

SHCOHAS FEE STRUCTURE
➤ Clinical Officer: Tuition Fee 1,400,000/=
➤ Other contribution fee is 815,000/=
➤ Pharmacy: Tuition Fee: 980,000/=Tshs
➤ Other contribution: 1,050,000/=Tshs
➤ Environmental Health Scs: T. Fee 1.0 Milion
➤ Other Contribution: 1,000,000/=Tshs
➤ All costs are paid in 4 to 6 instalments

COURSES (Put a tick in a respective box bellow)

PHARMACY COURSE
 CLINICAL MEDICINE COURSE
 ENVIRONMENTAL HEALTH SCS

Form IV Results			
SUBJECTS	GD	SUBJECTS	GD
Physics		Geography	
Chemistry		Civics	
Biology		Kiswahili	
Mathematics		History	
English			

Application fee: Tshs 10,000/= should be paid through bank account number: 6101040170, Account name: **Southern Highlands Society NMB**, after fully completed this form please sent it via whatsapp255 763 171 895,or EMS posta address P.O BOX 955 IYELA MBEYA. Or scan it and send to admission@shcohas.ac.tz or shcohas@gmail.com

(Filled by):.....

Date

PAYMENT DETAILS

Bank:.....

Branch:.....

Date:.....

ADMISSION OFFICE

Checked by (AO secretary):.....

signature:.....

Date:.....