



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

P. o box 955, Mbeya – Tanzania,

Mob: +255 625 600 077, +255 763 171 895, +255 769 185 639, +255 654 833 981,

+255 760 664 666, OR +255 760 669 666. Reg No: Reg/has/200

Email; admission@shcohas.ac.tz Website: www.shcohas.ac.tz

FEE STRUCTURE FOR NTA-LEVEL 4, 5 and 6 (CLINICAL MEDICINE COURSE)

AMOUNT PAYABLE TO THE INSTITUTE				
REQUIREMENTS	FIRST YEAR	SECOND YEAR	THIRD YEAR	REMARKS
TUITION FEE (TSh)	1,400,000/=	1,300,000/=	1,300,000/=	PAID FOR FOUR (4) INSTALLMENTS
MEALS	Independent	Independent	Independent	
OTHER PAYMENTS				
ACCOMODATION	FREE	FREE	FREE	
FIELD WORK	50,000/=	250,000/=	250,000/=	Paid at the beginning of first Semester. 50,000/= WILL BE GIVEN BACK TO THE STUDENTS ONCE THERE IS NO PREVIOUS DEBT (Only for Level 5 and 6).
STUDENT ORGANIZATION AND GRADUATION	20,000/=	20,000/=	30,000/=	Paid at the beginning of first Semester
EXAM FEE MOH	150,000/=	150,000/=	150,000/=	Not part of school fee. Paid at the beginning of the year to the MOH AND NOT the COLLEGE.
NACTE ASSURANCE FEE	15,000/=	15,000/=	15,000/=	Not part of school fee. Paid at the beginning of the year.
UNIFORM	120,000/=	
MEDICAL FEE	65,000/=	65,000/=	65,000/=	Not part of school fee. Paid at the beginning of the year. <i>If you have an Insurance Card pay additional of 14,600/= TSh for emergency for transport and meals during Hospital admission.</i>
CAUTION MONEY	200,000/=	Not part of school fee. Paid at the beginning of the year.



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BOOKS	75,000/=	100,000/=	100,000/=	Not part of school fee. Paid at the beginning of the year. <i>You will be given necessary books for your private studies</i>
LOCAL AND CLINICAL EXAMINATIONS	150,000/=	200,000/=	200,000/=	Not part of school fee. Paid at the beginning of the year.
CLINICAL ROTATION	150,000/=	250,000/=	250,000/=	Not part of school fee. Paid at the beginning of the year.
STATIONARY	75,000/=	100,000/=	100,000/=	Not part of school fee. Paid at the beginning of the year.
IDENTY CARD	15,000/=	Not part of school fee. Paid at the beginning of the year. If lost student should pay 20,000/=
TOTAL	815,000/= With exclusion of Uniform.	940,000/= With exclusion of Uniform.	940,000/= With exclusion of Uniform	

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. The student is required to have clinical equipment's thus, **BP Machine, Stethoscope, Thermometer, tape measure, Examination touch, Patella hammer** and **Pulse Oxymetry**. All the equipment's are available at the college at affordable price.



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6. A. AT LEAST IMPORTANT ITEMS to be paid on arrival: (FIRST PHASE OF PAYMENT)

- i One quarter (1/4) of the Tuition fee – 350,000/=
- ii NACTE ASSUARANCE FEE – 15,000/=
- iii LOCAL EXAMINATION – 150,000/=
- iv Caution Money – 200,000/=
- v Stationary – 75,000/=
- vi Books – 75,000/=
- vii Medical Fee – 65,000/=
- viii Identity Card – 15,000/=
- ix Student Organization – 20,000/=
- x Field work – 50,000/=
- xi Accommodation – FREE

MAKE A TOTAL OF 1,005,000/=

A student maybe received at the college even with the less MONEY stipulated above as he / she will be paying in installment.

B. SECOND PHASE OF PAYMENT (02ND JANUARY NEXT YEAR)

- i Second quarter (2/4) of the Tuition fee – 350,000/=
- ii MINISTRY OF HEALTH Examination fee – 150,000/=

MAKE A TOTAL OF: 500,000/=TSHS

C. THIRD PHASE OF PAYMENT (01ST APRIL NEXT YEAR)

- i Third quarter (3/4) of the Tuition fee – 350,000/=
- ii Clinical Rotation Fee – 150,000/=

MAKE A TOTAL OF 500,000/=



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D. FOURTH PHASE OF PAYMENT (01ST JUNE NEXT YEAR)

i Fourth quarter (4/4) of the Tuition fee – 350,000/=

MAKE A TOTAL OF 350,000/=

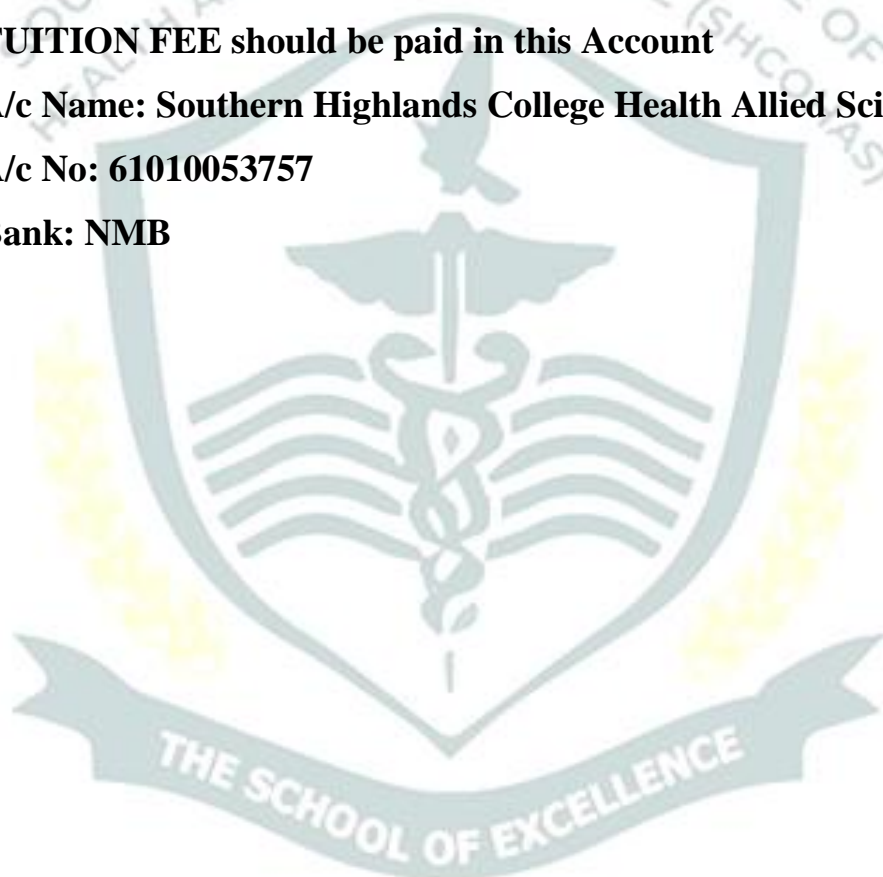
PLEASE NOTE:

TUITION FEE should be paid in this Account

A/c Name: Southern Highlands College Health Allied Science

A/c No: 61010053757

Bank: NMB





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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 Tetron au cotton / pamba nzito nyeupe, yenye mikono mifupi. Hakikisha magauni yanavuka magoti-inch 6 (cm 12) chini ya magoti, isiwe na mpasuo nyum. Mshono wake uwe sawa na sare za wauguzi au manesi mabegani iwe na utepe mweupe.
- ii. Viatu vyeupe, vyeusi au kahawia vyenye visigino na Soksi nyeupe au nyeusi ndefu.
- iii. Nywele za kusuka kwenda nyuma siozaidi ya matuta matano, au ziwe za kuchana na kubana nyuma au ziwe zimenyolewa usawa mmoja. NB; Hairuhusiwi kusuka rasta, wiving, nawigi
- iv. Mwanafunzi awe na kucha fupi Na usoni hurusiwi kujipaka urembo.
- v. Suruali haziruhusiwi kwa wanawake.
- vi. Mtandio mweupe kwawatako vaa mitadio.
- vii. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, vyeusi au kahawia yasio Na maandishi wala kofia.
- viii. Makoti mawili (2) meupe na masafi yaliyoshonwa kwa tetroni nzito nyeupe. Koti mojaliwerefu na mikono mirefu Na linguine fupi Na mikono mifupi. ‘Jeans’ haziruhusiwi kuvaliwa darasani au wakati wa mazoezi kwa vitendo hospitalini.
- ix. Ndoo moja ya matumizi binafsi

Mwanaume:

i. Surualimbili (2) za rangi ya khaki tetroni isiyobana inayofunika viatu. Mwanafunzi hataki wiku shona suruali inayombana. ii. Mashati mawili meupe yenye mikono mifupi.

- iii. Viatu vya ngozi nyeusi au kahawia.
- iv. Soksi nyeupe au nyeusi.
- v. Nywele fupi usa wa mmoja. NB; Nywele za mitindo haziruhusiwi.
- vi. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, nyeusi au kahawia yasio na maandishi wala kofia.



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- vii. Makoti mawili (2) meupe masafi. Koti moja liwe refu na mikono mirefu na linguine fupi na mikono mifupi. 'Jeans' haziruhusiwi kuvaliwa darasani au wakati wa mazoezi kwa vitendo hospitalini.
- viii. Nguo za michezo na kulalia
- ix. Ndoo moja ya matumizi binafsi





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MEDICAL EXAMINATION REPORT

PERSONAL DATA:

Names of the student: First name:

Middle name:

Last name:

Date of birth: ...14/08/1999.....

Address: ...0762755813.....

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).....
.....
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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).....
.....
.....

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