



**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,

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

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

AMOUNT PAYABLE TO THE INSTITUTE

A/C NAME: SOUTHERN HIGHLANDS COLLEGE HEALTH ALLIED SCIENCE

A/C NUMBER: **A/c No: 61010053757**

REQUIREMENTS	FIRST YEAR	SECOND YEAR	THIRD YEAR	REMARKS
TUITION FEE (TSh)	980,000/=	980,000/=	980,000/=	PAID FOR FOUR (4) INSTALLMENTS (245,000/=)
EXAM FEE MOH	150,000/=	150,000/=	150,000/=	Not part of school fee. Paid at the beginning of the year to the MOH THROUGH COLLEGE ACCOUNT.
NACTE ASSURANCE FEE	15,000/=	15,000/=	15,000/=	Not part of school fee. Paid at the beginning of the year to the NACTVET THROUGH COLLEGE ACCOUNT.
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>
MEALS	Independent	Independent	Independent	Independent
OTHER PAYMENTS				
A/C NAME: SOUTHERN HIGHLANDS SOCIETY				
A/C NUMBER: 61010040170				
ACCOMODATION	FREE	FREE	FREE	NO PAYMENTS
FIELD WORK	250,000/=	250,000/=	250,000/=	Paid at the beginning of first Semester.
COMPOUNDING LAB	200,000/=	200,000/=	200,000/=	Paid at the beginning of first Semester
STUDENT ORGANIZATION	20,000/=	20,000/=	30,000/=	Paid at the beginning of first Semester



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UNIFORM	120,000	120,000	120,000	
CAUTION MONEY	200,000/=	Not part of school fee. Paid at the beginning of the year.
BOOKS	100,000/=	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 EXAMINATIONS	150,000/=	150,000/=	150,000/=	Not part of school fee. Paid at the beginning of the year.
STATIONARY	100,000/=	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	2,230,000/=	2,030,000/=	2,040,000/=	

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. Make sure accommodation (hostel) fee is paid **direct to the BANK ACCOUNT** and **the student submits pay slip to the college.**



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**6. A. AT LEAST IMPORTANT ITEMS to be paid on arrival: (FIRST PHASE OF
PAYMENT – HAVE TO BE PAID ON REGISTRATION)**

- a) **One quarter (1/4) of the Tuition fee – 245,000/=**
- b) **NACTE ASSUARANCE FEE – 15,000/=**
- c) **Caution Money – 200,000/=**
- d) **Stationary – 100,000/=**
- e) **Books – 100,000/=**
- f) **Medical Fee – 65,000/=**
- g) **Identity Card – 15,000/=**
- h) **Student Organization – 20,000/=**
- i) **LOCAL EXAMINATION – 150,000/=**
- j) **Accommodation – FREE**

MAKE A TOTAL OF 910,000/=

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

- a) **Second quarter (2/4) of the Tuition fee – 245,000/=**
- b) **Field work – 250,000/=**
- c) **Compounding Lab 200,000/=**

MAKE A TOTAL OF: 695,000/=TSHS

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

- a) **Third quarter (3/4) of the Tuition fee – 245,000/=**
- b) **MINISTRY OF HEALTH Examination fee – 150,000/=**

MAKE A TOTAL OF 395,000/=



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

a) Fourth quarter (4/4) of the Tuition fee – 245,000/=

MAKE A TOTAL OF 245,000/=

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

OTHER CONTRIBUTION COST should be paid in this Account

A/c Name: Southern Highlands Society

A/c No: 61010040170

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. Magaunimawili (2) ya Tetron au cotton/pamba nzito nyeupe, yenyemikonomifupi. Hakikishamagauniyanavuka magoti-inch 6 (cm 12) chiniyamagoti, isiwenampasuo nyuma. Mshono wake uwesawanasarezawauguzi au manesimabeganiwe na utepe wa mweupe.
- ii. Viatu vyeupe, vyeusi au kahawiavyenyevisiginona Soksinyeupe au nyeusindifu.
- iii. Nywelezakusukakwenda nyuma siozaidiyamatutamano, au ziwezakuchananakubana nyuma au ziwezimenyolewausawammoja. NB; Hairuhusiwikusukarasta, wiving, nawigi
- iv. Mwanafunzi awe nakuchafupi Na usonihurusiwikujipakaurembo.
- v. Surualihaziruhusiwikwawanawake.
- vi. Mtandiomweupekwawatakaovaamitadio.
- vii. Maswetakwajiliyakujikingabaridiyaweranginyeupe, vyeusi au kahawiyasio Na maandishiwalakofia.
- viii. Makotimawili (2) meupenamasafiyaliyoshonwakwatetroninzitonyeupe. Kotimojaliwerefumikonomirefu Na linguine fupi Na mikonomifupi. ‘Jeans’ haziruhusiwikuvaliwadarasani au wakati wa mazoezikwavitendohospitalini.
- ix. Ndoomojaya matumizi binafsi

Mwanaume:

- i. Surualimbili (2) zarangiya khaki tetroniisiyobanainayofunikaviatu. Mwanafunzi hatakiwikushonasurualiinayombana.
- ii. Mashatimawilimeupeyenyemikonomifupi.
- iii. Viatu vyangozinyeupe au kahawia.
- iv. Soksinyeupe au nyeusi.
- v. Nywelefupiusawammoja. NB; Nywelezamitindohaziruhusiwi.
- vi. Maswetakwajiliyakujikingabaridiyaweranginyeupe, nyeusi au kahawiyasio na maandishiwalakofia.



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- vii.** Makotimawili (2) meupemasafi. Kotimojaliwerefuna mikonomirefu na lingwine fupi na mikonomifupi. 'Jeans' haziruhusi wikuvali wadarasani au wakati wa mazoezi kwavitendohospitalini.
- viii.** Nguozamichezo na kulalia
- ix.** Ndoomojaya 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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.....



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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