



CHATO COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY

A constituent of Chato Health Foundation Tanzania Limited

P.O. Box 73, Chato – Geita – Tanzania

Tel: +255 767 638495 or +255 784 616788 or +255769741336

Website: www.chatocollege.ac.tz Email: chatocohest@gmail.com or info@chatocollege.ac.tz

ATTACH
PASSPORT SIZE
PHOTOGRAPHS
HERE

REG. NUMBER: REG/HAS/158

STUDENT REGISTRATION FORM

Section I: Applicant Details				<i>Please complete in BLOCK letters or tick</i>			
First Name							
Middle Name							
Surname							
Date of Birth		Nationality					
Gender	Male	<input type="checkbox"/>	Marital Status	Single	<input type="checkbox"/>	No. of Children	
	Female	<input type="checkbox"/>		Married	<input type="checkbox"/>		
Do you consider yourself to have a disability?		Yes	<input type="checkbox"/>	Do you have a criminal conviction?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>			No	<input type="checkbox"/>
Home Address				Address for correspondence (if different from home address)			
Country:				Country:			
Region:				Region:			
District				District			
Ward				Ward			
Village/Street				Village/Street			
P. O. Box:				P. O. Box:			
Telephone:				Telephone			
Email:		<i>Please write your email accurately</i>					

Section II: Course Selection		<i>Tick your selection</i>
Basic Technician Certificate in Community Health		<input type="checkbox"/>
Basic Technician Certificate in Pharmaceutical Dispensing		<input type="checkbox"/>
Technician Certificate in Clinical Medicine		<input type="checkbox"/>
Technician Certificate in Nursing		<input type="checkbox"/>
Technician Certificate in Pharmaceutical Sciences		<input type="checkbox"/>
Diploma in Clinical Medicine		<input type="checkbox"/>
Diploma in Clinical Medicine (In-service programme)		<input type="checkbox"/>

Intake for which you are applying for: Year 20..... /20.....	Course:
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Section III: Finances

All students are required to pay their fees as follows:

1. Tuition fees and accommodation fees through **NMB Bank - Chato Branch**, Account name: **CHATO COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY**, Account No. **32710008227**.
2. National Examinations fee through Ministry of Health, Community Development, Gender, Elderly and Children (**Tsh. 150,000/=**), through **NMB Bank**. Account name: **Application and Examination Fees**, Account No. **20110007946, Bank House BRANCH**.
3. All other payments including the costs for meals are paid direct to the college upon student arrival. The payments are made at begin of every semester. Note that food is optional.

Section IV: Accommodation Yes No

All residents are required to sign an accommodation agreement / contract before allocated to the room. If YES, During your stay bring up the following:-

- i) 1matres size 2.5 inch wide and length 6 inch,
- ii) 2 pairs of bed sheet
- iii) 1 pair of pillow cases
- iv) 1 Towel & snickers.
- v) 1 Mosquito net

NOTE:

To stay at college hostel is optional for Community Health, but for others courses will stay in. In campus accommodation for Community Health Workers Course are available on request. This should be made before reporting students to the College because the space is limited for reservation please contact admission office.

Section V: Terms and Conditions

1. I am responsible for familiarizing myself with and abiding by all College student policies, as listed in the Admissions.
2. I agree to meet all assessment and exam requirements as stipulated by the College/MOHCDGEC/NACTE.
3. 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. I understand that if classroom attendance is not maintained at the minimum level then disciplinary action can be taken to me and I can be excluded from further studies at the College and my parents/guardian; sponsor will be informed in writings.
4. No refunds will be given for any payment made.
5. 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 charges.
6. 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 exams or graduate if I fail to do so.
7. 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 action if it considers appropriate if subsequently it is found that part or all of the information provided is false.

Student Declaration:

I am applying for admission to CCHEST. I understand that the decision to offer me a place rests with the college, and the decision of the College is final. If I am offered and accept a place on the programme, I agree to abide the rules and regulations of the College.

Signed: Name:

Date: