MLANDIZI COLLEGE OF HEALTH AND ALLIED SCIENCES

P.O.Box 151,
MLANDIZI - KIBAHA
Mobile: +255 715 562 171
+255 624 961 484
Nearby uhuru primary school

NACTE & MoHSW: REG/HAS/238
Website:www.mlandizicohas.ac.tz
E-mail: mlandizicohas@gmail.com

Ref: .....

RE: ADMISSION TO ORDINARY DIPLOMA IN HEALTH RECORD AND INFORMATION TECHNOLOGY FOR SEPTEMBER INTAKE
ACADEMIC YEAR 2025/2026

The management of Mlandizi College of Health and Allied Sciences (MCHAS) is highly congratulating you for being selected by NACTVET to pursue the Diploma in **Health Record and Information Technology (HRIT). At Mlandizi College Of Health And Allied Sciences - Kibaha**

The Reporting Date to the College is 25th September, 2025 and The Beginning of Semester I for September Intake is 03rd November, 2025.

On Arrival at MCHAS – Kibaha , Report at the Office of the Registrar/Admission with the followings;

- Admission Letter to MCHAS - Kibaha
- Duly Filled Medical Examination Form
- Four Recent Colored Passport Size
- Bank Pay-In-Slip for Tuition Fees and Other Charges

Warning: It Is Criminal Offence to Submit False Information/Certificates

COLLEGE UNIFORM

FEMALES

- One or Two White Gowns *Note: It Must Be At Least Thirty Centimeters (30 Cm) Below Knees (Decent One)*
- Black Shoes (Open Shoes or Sandals Are Not Allowed)
- Two White Colored Pairs of Socks

MALES

- White Short Sleeves Shirts
- One or Two Pairs of Khaki Colored Trousers (Cotton Materials)
- Black Leather Shoes (Open Shoes/ Sandals Are Not Allowed)
- Two White Colored Pairs of Socks

REQUIREMENTS FOR HOSTEL STUDENTS

- 2 Bed Sheets
- 1 Pillow
- 1 Mosquito Net
- 2 Buckets
- Towels
- Open Shoes/Sandals and Canvas Shoes For Casual Stay

REQUIREMENTS FOR PAYMENTS OF SCHOOL FEES AND OTHER CHARGES

- Fees Should Be Paid **In FULL** at the Beginning of Each Academic Year or **In FOUR Installments**.
- Fees **Once Paid Will Not Be Refunded** If a Student Withdraws or Leaves the College Without Permission from The Principal or Disqualified in Examination or Dismissed for Indiscipline.
- Fees Must Be Paid Through the College Bank Account.

SCHOOL FEES FOR 2025/2026 - ALL PAYMENTS OF SCHOOL FEES SHALL BE PAID DIRECTLY TO COLLEGE BANK ACCOUNT, AT ANY BRANCH OF **NMB BANK**.

NAME OF ACCOUNT: MLANDIZI COLLEGE OF HEALTH.
ACCOUNT NUMBER: 80110042893 - NMB BANK

TUITION FEE AND OTHER PAYMENT DESCRIPTION

A. TUITION FEE (*Ada Kwa Mwaka*)

ITEM	AMOUNT IN (TSHS)	RESPONSIBLE
TUITION FEE	**1,400,000/=**	ALL STUDENTS

B: OTHER CHARGES (*Michango Kwa Mwaka*)

S/N	ITEM	AMOUNT IN (TSH.)	DURATION OF PAYMENTS
1.	Identity Card	**10,000**	Once At the Begin of The First Semester
2.	Students Union	**10,000**	Every Year at The Begin of The Year
3.	Local Examinations	**250,000**	Every Year at The Begin of The First Semester
4.	Caution Money	**50,000**	Once At the Begin of The First Semester
5.	Stationary	**150,000**	Every Year at The Begin of The First Semester
6.	Registration Fee	**30,000**	At The Begin of The First Semester
	TOTAL	**500,000/=**	

C: PAYMENTS DESCRIPTIONS

TUITION FEE	OTHER CHARGES	TOTAL
1,400,000/=	500,000/=	**1,900,000/=**

FEE CAN BE PAID IN INSTALLMENT BASIS AS FOLLOWS:

D: PAYMENT MODE IN INSTALLMENTS (*Muda Wa Awamu Za Malipo***)**

TOTAL PAYMENTS	FIRST Installment (on reporting)	SECOND Installment (25th/01/ 2025)	THIRD Installment (25th 03, 2025)	FOURTH Installment (25th June 2025)
1,900,000/=	**850,000/=**	**350,000/=**	**350,000/=**	**350,000/=**

D: OTHER PAYMENTS DEPENDS PER STUDENT NEED

Medical Capitation (With No NHIF) (BIMA)	60,000/=	For Those Without Medical Insurance	At The Begin of The First Semester
Hostel Utility	150,000/=	For Those Staying In The Hostel	At the beginning of Every Semester
Field work (HOSPITAL)	200,000/=	All students	One month before
National Examination fee (***Gharama Za Mtihani Wa Taifa***)	150,000/=	All students	**20th /07/2026**

PAYMENT STRUCTURE/SCHEDULE.

The Fees Are Payable in Full at The Beginning of Each Academic Year Semester or **Four Installments** at The Beginning of Each Academic Semester and Mid Semester.

All Payments Should Be Made on Time at Every Start of These Semesters for Those Who Are Paying In Two Semesters and Every End of Three Months for Those Who Are Paying in Four Installments.

Note: No Student Will Be Allowed to Seat for Either Internal or External Examination Before Completing His /Her Due Payments.

On Behalf of The Management, I Wish to Extend to You a Warm Welcome and a Successful Period of Study at Mlandizi College of Health and Allied Sciences.

Yours Truly,

MEDICAL EXAMINATION FORM

MEDICAL EXAMINATION FORM FOR STUDENTS JOINING MLANDIZI COLLEGE OF HEALTH AND ALLIED SCIENCIES

PART A: STUDENTS PARTICULARS

STUDENTS FULL NAME……...

DATE OF BIRTH…….

SEX (male/female) …… MARITAL STATUS……

PART B: STUDENTS MEDICAL HISTORY

Does the examinee have currently history of any of the following? Indicate ***YES, OR NO***

Epilepsy? .....

Sickle cell? .....

Asthemitic or with Allegic to something *(specify)?* ……

Psychiatric? …… Vision Impairment?

…….…….. Hearing disorder? ……..…….……

Physical disability? …….…….…..

Any other significant medical condition/disorder? (***Please specify***)

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…….……...

PARTY C: CONCLUSION

I have examined Mr/Miss/Mrs…….and

consider that he/she is physically and mentally fit/not fit to be admitted to the college for studies.

…….. …… …….

Name Signature Date

Qualification ……. Title ……..

Hospital's Name …….

(*Official hospital's stamp)*

PARENT/RELATIVE/GUARDIAN INFORMATIONS .

PARENT/GUARDIAN

FULL NAME …….…….....

RELATIONSHIP WITH STUDENT……

ADDRESS: …….

VILLAGE: …….…….....WARD ……DISTRICT…….

Email Address: ……

TELL PHONE NUMBER: …….....

SIGNATURE …….