**  
ZAWADI MEMORIAL HEALTH TRAINING INSTITUTE**

Your Ref: ……………………………

………………………………….

………………………………….

………………………………….

**REF: JOINING INSTRUCTION FOR PRE SERVICE DIPLOMA COURSE IN NURSING**

We are glad to inform you that you have been selected to join a three-yearDiploma course in Nursing at the Zawadi Memorial Health Training Institute for academic year 2023/2024.

The college is located at Kimochi, shia, Mjohoroni, Moshi-Kilimanjaro, about 2 kilometers from main road of Moshi to Himo .You are supposed to report to the college on 16th October 2023.

Failure toreport to school on the opening week will lead your chance be offered tosomeone else in need.

In order to facilitate your admission you are required to fulfill thefollowing conditions:-

1. **MEDICAL EXAMINATION**

Admission to college is conditional upon a satisfactory medical report thatwill be received by the college. Students are therefore asked to undergo medical examination by registered medical practitioner. Use the enclosed form, which should be brought with you duly filled and signed. No student shall be registered without producing medical examination certificate. Similarly you are required to sign and return the acceptance form oneweek before the reporting date.

**2.TRAVELLING ARRANGEMENTS:**

Your sponsor/parent/guardian will be responsible for all your traveland transport costs to and from the college, during vacations onleave or breather and for clinical practice.

**3. RESIDENCE:**

The course is for both residents and non-residents For the non-resident students, prior arrangements should be made to seekfor residence and study permit from Immigration offices.

4. **ACCOMODATION**

Accommodation is available for both male and female students...

5. **MEALS:**

Meals are available at the college cafeteria which may be used bystudents to avoid eating in unsafe premises.

6. **WHAT TO BRING**

All students must bring to school:

(i) Two (2) recent passport size photographs forregistration and identity cards.

(ii) Original Certificates for verification ofauthenticity of the photocopies you sent to the

college previously.

(iii) Six (6) Counter books: 2 of 4 quires and 4 of2 quires1 note book, pen, pencil, eraser, ruler

1 tape measure, 1 non - digital clinical thermometer.

**7. DISCIPLINE:**

• Students admitted into the college are expected to observeand abide to the college rules and regulations.

• You must observe and follow Examination Rules and Regulations.

• You must observe any other lawful orders given by therelevant authority. Failure to observe and comply with anylawful order may lead to summary dismissal from the collegeand **there will be no refund of any money paid.**

**8. PAYMENT OF FEES:**

All payments shall be paid directly to Zawadi Memorial Health Training Institute

NMB Bank, Bank account No.4031008869

Bring to college a Bank pay-in slip

Fees is payable in full or in two installments at the beginning ofeach academic semester.

**Please note that once fee is paid it will not be refunded for whatever reasons.**

**ZAWADI MEMORIAL HEALTH TRAINING INSTITUTE**

**FOR PRE SERVICE DIPLOMA IN NURSING**

**STUDENT’S SCHOOL FEES STRUCTURE (PRE-SERVICE)**

To be paid To: NMB BANK

Account Number: 40310088697

Account Name: Zawadi Memorial Health Training Institute

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** |  | **ONE YEAR** | |
|  | **ITEM (Annually)** | **TSHS** |
|  | Tuition | 980,000/= |
|  | Registration | 60,000/= |
|  | **TOTAL** | **1,040,000** |

**NB SCHOOL FEES CAN BE FIXED**

**OTHER EXPENSES**

To be paid To: EXIM BANK

Account Number: 0070017841

Account Name: Zawadi Memorial Health Training Institute-Moshi

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **ITEM (ANNUALLY)** | **FIRST YEAR** | **SECOND YEAR** | **THIRD YEAR** |
| **1.** | **National Exams** | **150,000/=** | **150,000/=** | **150,000/=** |
| **2.** | **Internal exams** | **100,000/=** | **100,000/=** | **100,000/=** |
| **3.** | **Student Union** | **10,000/=** | **10,000/=** | **10,000/=** |
| **4.** | **NACTE Capitation Fee** | **15,000/=** | **15,000/=** | **15,000/=** |
| **5.** | **Midwife & General Nursing practice experience book** | **70,000/=** | **-** | **-** |
| **6.** | **Uniform** | **Will provide sample** | **-** | **-** |
| **7.** | **Pullover/sweater** | **Will provide sample** | **-** | **-** |
| **8.** | **Casual dress** | **15,000/=** | **-** | **-** |
| **9.** | **Treatment cost-NHIF** | **50,400/=** | **50,400/=** | **50,400/=** |
| **10.** | **Research/field fee** | **-** | **200,000/=** | **200,000/=** |
| **11.** | **Identity card (Id)** | **10,000/=** | **-** | **-** |
| **12.** | **Hospital gloves** | **Come with them** |  |  |
| **13.** | **Graduation Fee** | **-** | **-** | **100,000/=** |
| **14.** | **Stationary** | **70,000/=** | **70,000-** | **70,000/=** |
| **15.** | **Caution Money** | **30,000/=** |  |  |
| **16.** | **Clinical Practice** | **100,000** | **100,000/=** | **100,000/=** |
| **17.** | **two ream photocopy papers every semester.** | **Come with them** | **Come with them** | **Come with them** |
| **18.** | **Hostel fee** | **180,000/=** | **180,000/=** | **180,000/=** |
|  | **Total** | **791,400** | **875,400** | **975,400** |

STRICTLY no student will be admitted into the college if he/she does not bringa bank deposit slip to indicate amount of money which has been deposited intothe college Account NMB Bank Account no.403 10088697 Zawadi memorial health training institute.

**NB: Food fee is 1,240,000 to those who may need.**

**MEDICAL CERTIFICATE FOR APPLICANTS DIPLOMA PROGRAMME FOR ACADEMIC YEAR 2023/2024........**

Dear Doctor,

Please examine Mr./Miss/Ms……………………………….

**PERSONAL HISTORY**

Is the examinee suffering from any of the following? Indicate Yes or No.

**YES NO YES NO**

8. Tuberculosis ….. ….. 8. Epilepsy.................

9. Asthma ….. ….. 9. Deformity.................

10. Allergic disorder................. 10. Psychiatric.................

11. Heart disease................. 11. Eye disorder.................

12. Gastric or duodenal ulcer................. 12. Gynecological disorder.................

13. Kidney or Urinary disease ….. ….. 13. Major or Minor Operations.................

14. Diabetes................. 14. Any other serious disorder.................

**PHYSICAL EXAMINATION**

1. Height ……………… 5. Mouth and Throat ………………..

2. Weight ……………… Nose ……………...

3. Eyes: Conjunctivae………….. 7. Cardiovascular................

Systolic……………….

Diastolic………………

4. Pupils …………….

Vision Right …………… Heart: Any Murmur? ……………...

Left …………… Arteries and Veins………………

With glasses: Right………..

Left ………..

**LABORATORY**

3. Urine: Albumin ………….. 3. Stool: Special emphasis on.................

Sugar: ……………… Hookworm or Bilharzias.................

Leucocytes…………

4. Blood Examination: Hb level ………. 4. X-ray examination – Chest.................

ESR ……….. ……

6. Serology Test: ……………. 6. Pregnancy Test (F)………

Widal test………………….

VDRL ………………...

**CONCLUSION**

I have examined Mr./Miss./Mrs./Ms……………………………………….and consider

that he/she is/not physically and mentally fit to be admitted to the Diploma in Nursing

Programmes for academic year 2023/2024;

Date: ……………………………………..

Signature………………………………….

Name: …………………………………….

Title: ……………………………….........

Qualifications……………………………..

Address………………………………….

**The Principal,**

Zawadi Memorial Health Training Institute,

P.O. Box 8820,

**MOSHI-KILIMANJARO.**

Dear Sir/Madam

I, ……………………………………………wish to declare that I accept to be admittedfor the Diploma Zawadi Memorial Health Training Institute, I shall abide and follow all the regulations of the Institution and the Ministry ofHealth Community development, Gender, Elderly and children and my Sponsor. I shallalso obey all the lawful instructions of all the leaders at the Zawadi Memorial Health Training Institute

Date……………….........

Signed:

Name in full: ---------------------------------------------------------------

Student’s status (Day/ Boarding) ---------------------------------------

Home address-----------------------------------------

Mobile phone no--------------------------------------