



**Buhongwa College of Health and Allied Sciences
(BUCOHAS)**
NACTE Registration No. REG/HAS/208
P. O. Box 2904, Mwanza. Mobile: 0659 907 950 (TIGO)
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'For the Bright Future You Deserve'

Weka picha
ya passport
size hapa

APPLICATION FORM
ACADEMIC YEAR 2022/2023 – SEPTEMBER INTAKE

Chuo Cha Afya Buhongwa (Buhongwa College of Health and Allied Sciences) ni Chuo chenye Usajili Kamili wa NACTEVET (The National Council for Technical and Vocational Education and Training) kwa namba REG/HAS/208. Chuo kinapatikana Jijini Mwanza, Buhongwa katika Mtaa wa Maliza (Njia ya kuelekea Luahnima)

Chuo chetu ni cha Wataalamu wabobezi katika taaluma mbalimbali za afya. Karibu sana.

**ADA (TUITION FEE) NI THS. 1,500,000/= NA INALIPWA KWA AWAMU
NNE**

MAELEZO MUHIMU:

1. Fomu hii inatolewa bure bila malipo yeyote.
2. Fomu irudishwe ikiwa imejazwa sehemu zote ikiambatanishwa na fomu ya kulipia bank (original pay slip) ya ada ya maombi (application fee) ya Tsh. 10,000/=
3. Maombi ya udahili yanaweza pia kufanyika kwa kupitia mfumo wa CAS (Central Admission System) katika tovuti ya NACTE www.nacte.go.tz halafu bonyeza maneno yaliyoandikwa 'Maombi ya Udahili Vyuo Vya Afya'

PART I: PERSONAL PARTICULARS

1. NAME OF THE APPLICANT (as it appears in Form IV Certificate)
.....
2. ADDRESS OF THE APPLICANT.....
3. PLACE OF DOMICILE (MAHALI UNAPOISHI)
 - a) REGION DISTRICT.....
 - b) WARD (KATA) STREET/VILLAGE
4. NATIONALITY:
5. MOBILE PHONE NUMBER (HAKIKISHA NAMBA YA

SIMU NI SAHIHI NA INAPATIKANA MUDA WOTE)

6. **E-MAIL:** (HAKIKISHA E-MAIL HII NI SAHIHI)
4. **DATE OF BIRTH:**/...../..... **SEX**(Male/Female)
5. **PRIMARY SCHOOL ATTENDED:**
6. **SECONDARY SCHOOL (O-LEVEL) ATTENDED**
7. **FORM IV INDEX NUMBER**..... (e.g., **S0356/0001/2014**)
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(If you have resealed, put all index numbers)

8. **APPLICANT’S PARENT OR GUARDIAN’S NAME:**
-
9. **PARENT OR GUARDIAN’S MOBILE PHONE NUMBER:**

PART II: FORM IV RESULTS

S/N	Subjects	Grade	S/N	Subjects	Grade	S/N	Subjects	Grade
1.	Biology		5.	B/Mathematics		9.	Civics	
2.	Chemistry		6.	English		10.	History	
3.	Physics/Engineering Science		7.	Kiswahili		11.	Geography	
4.	Agriculture		8.	Commerce		12.	Book-keeping	

PART III: PROGRAM OF CHOICE FOR APPLICATION. (Tick the name of the course you want to apply)

S/N	PROGRAMME	DURATION	MINIMUM ENTRY REQUIREMENTS	PUT A TICK FOR YOUR CHOICE
1.	BASIC TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES (NTA LEVEL 4)	1 YEAR	Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry	
2.	TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES (NTA LEVEL 5)	2 YEARS	Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry	
3.	ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES (NTA LEVEL 6)	3 YEARS	Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry	

PART IV: FOR UPGRADING STUDENTS ONLY

1. NACTE REGISTRATION NUMBER
2. NAME OF THE PREVIOUS COLLEGE:

PART V: APPLICATION INSTRUCTIONS

1. A dully filled Application form (together with the original pay slip, copy of form IV certificate or result slip) should be sent through the email address bucohas@gmail.com or directly to the college or through WhatsApp no. 0659 907950 OR 0765 246735
2. Every Applicant is required to attach the original Bank Pay slip for the application fee of 10,000/=
3. ALL PAYMENTS MUST BE DONE THROUGH THE BANK (MALIPO YOTE LAZIMA YAFANYIKE KUPITIA BENKI TAJWA HAPA CHINI)

Account name	Buhongwa College of Health and Allied Sciences-BUCOHAS
Bank	CRDB
Account Number	0150521787500

PART VI: ATTACHMENTS

Upon submission of this dully filled form, applicant must attach the following:

- a) Bank Pay slip for the Application fee
- b) Copy of Form IV certificate or Form IV Result slip

PART VI: DECLARATION

I..... declare that the information filled in this application form are true and correct to my best knowledge.

Date: Applicant's Signature: