



BUHONGWA COLLEGE OF HEALTH AND ALLIED SCIENCES

1. BUHONGWA CAMPUS (REG/HAS/208)
2. USAGARA CAMPUS (REG/HAS/263)

'For the Bright Future You Deserve'



P. O. Box 5016, Mwanza.
Mobile 0765246735/0689 360 489/0659 907 950
Website: www.bucohas.ac.tz E-mail: bucohas@gmail.com

APPLICATION FORM FOR THE ACADEMIC YEAR 2023/2024 – SEPTEMBER INTAKE

PART I: GENERAL INSTRUCTIONS

- a) This form is provided for free (hii fomu haiuzwi)
- b) Application fee is 15,000/=
- c) Tuition fee is 1,500,000/= for Buhongwa Campus, and 1,400,000/= for Usagara Campus
- d) Tuition fee is paid in four (4) installments

PART II: 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)
.....
(If you have reseatd, put all index numbers)
8. NACTEVET REGISTRATION NUMBER (**for upgrading students only**)
.....

9. PREVIOUS COLLEGE ATTENDED (for upgrading students only)

.....

10. PARENT OR GUARDIAN'S NAME:

.....

11. PARENT OR GUARDIAN'S MOBILE PHONE NUMBER:

.....

PART III: 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 IV: PROGRAM OF CHOICE FOR APPLICATION. (Tick the name of the course of your choice)

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 V: APPLICANT'S CHOICE OF CAMPUS (Tick the name of your preferred campus)

S/N	CAMPUS	TUITION FEE	LOCATION OF THE CAMPUS	PUT A TICK FOR YOUR CHOICE
4.	BUHONGWA CAMPUS	1,500,000	Buhongwa, Mwanza City	
5.	USAGARA CAMPUS	1,400,000	Usagara, Mwanza City	

PART VI: APPLICATION INSTRUCTIONS

1. A properly filled application form should be sent through the email address bucohas@gmail.com or directly to the college or through WhatsApp no. 0689 360 489 or 0659 907950 or 0765 246735
2. Every Applicant is required to attach the original Bank Pay slip for the application fee of 15,000/=
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
Bank	CRDB
Account Number	0150521787500

PART VII: 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 result slip

PART VIII: DECLARATION BY THE APPLICANT

I (applicant's name) declare that the information filled in this application form are true and correct to my best knowledge.

Date: Applicant's Signature: