



**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 FOR THE ACADEMIC YEAR 2021/2022 – SEPTEMBER  
INTAKE**

BUCOHAS is a full registered college by National Council for Technical Education (NACTE) with **Registration No. REG/HAS/208** that offers trainings in Health and Allied Sciences. We are in Buhongwa at 'Mtaa wa Maliza' just about 2 km from Buhongwa Bus Stop along the **Lwahnima Road** (adjacent to the open space for TANESCO power lines).

**Tunakukaribisha BUCOHAS! chuo ambacho kinaendeshwa na Wataalamu wabobezi katika taaluma mbalimbali za afya.**

**MAELEKEZO 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. 30,000/=**
- 3. ADA (TUITION FEE) NI TSH. 1,500,000/= KWA MWAKA NA INALIPWA KWA AWAMU NNE**
- 4. Malipo yote yafanyike kupitia benki.**
- 5. Tafadhali, hakikisha namba ya simu utakayojaza kwenye fomu hii ni sahihi na inapatikana muda wote kwa sababu utatumiwa taarifa muhimu kutoka NACTE wakati wa udahili.**

**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 KWA SABABU UTATUMIWA TAARIFA MUHIMU KUTOKA NACTE WAKATI WA UDAHILI)**

6. E-MAIL: .....
4. DATE OF BIRTH: ...../...../..... SEX .....(Male/Female)
5. PRIMARY SCHOOL ATTENDED: .....
6. SECONDARY SCHOOL (O-LEVEL) ATTENDED .....
7. FORM IV INDEX NUMBER..... (e.g., **S0356/0023/2018**)

.....

**(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.	<b>BASIC TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES (NTA LEVEL 4)</b>	1 YEAR	Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry	
2.	<b>TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES (NTA LEVEL 5)</b>	2 YEARS	Certificate of Secondary Education Examination (CSEE) with four (4) Passes in non-religious subjects including "D" Passes in Biology and Chemistry	
3.	<b>ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES (NTA LEVEL 6)</b>	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: 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 [bucogas@gmail.com](mailto:bucogas@gmail.com) or directly to the college or through WhatsApp no. 0659 907950 OR 0765 246735
2. The application fee is TSH. 30,000/=. Every Applicant is required to attach the original Bank Pay slip for the application fee of 30,000/=
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 – Buhongwa Branch
Account Number	0150521787500

**PART V: ATTACHMENTS**

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

- a) Bank Pay slip for the Application fee
  - a. 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: .....

<b>*****For Official Use Only*****</b>		
Application form has been received by the Admission Officer on (date) .....		
Name of Admission Officer .....		Signature .....
<b>Decision by the Admission Committee</b>		
<b>Decision</b>	<b>Put a Tick where appropriate</b>	<b>Remarks</b>
Selected	<input type="checkbox"/>	
Not Selected	<input type="checkbox"/>	
Signature of Chairperson: .....		Date: .....