



BUHONGWA COLLEGE OF HEALTH AND ALLIED SCIENCES

NACTVET REGISTRATION NO.
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 2025/2026

PART I: GENERAL INSTRUCTIONS

- a) This form is provided for free (fomu hii haiuzwi)
- b) Application fee is 15,000/=
- c) Tuition fee is 1,400,000/=
- 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 (if available)
P.O.BOX
 3. PLACE OF DOMICILE (MAHALI UNAPOISHI)
 - a) REGION DISTRICT.....
 - b) WARD (KATA) STREET/VILLAGE
 4. NATIONALITY:
 5. APPLICANT'S MOBILE PHONE NUMBER (**hakikisha namba yako 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 repeated, put all index numbers)

8. NACTVET 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: 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. 0762 696 688 or 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 BANK ACCOUNT (MALIPO YOTE LAZIMA YAFANYIKE KUPITIA AKAUNTI TAJWA HAPA CHINI)**

Account name	Buhongwa College of Health and Allied Sciences
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 result slip**

PART VII: 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:**