



# ZANZIBAR COLLEGE OF HEALTH AND TECHNOLOGY



P.O.Box 2169, Mjini Magharibi, Zanzibar



+255 778 023 023



info@zanzibarcollege.ac.tz

**REGISTERED BY NACTVET REG. NO 1150P**

**APPLICATION/ADMISSION FORM FOR SEPTEMBER  
/ MARCHINTAKE 2025/2026 ACADEMIC YEAR**

Attach three  
passport size  
photos

## PROGRAMMES OFFERED

✓ Pharmaceutical Sciences    ✓ Medical Laboratory Sciences    ✓ Clinical Medicine

### ELIGIBILITY FOR LOANS:

- a) All programs eligible for ZHESLB    (b) All programs are eligible for Crdb school fees loans  
c) Medical laboratory sciences are eligible for HESLB loans

## PART A: INTRODUCTION

### VISION

"To become a trusted and recognized institution that is dedicated to the pursuit and promotion of excellence in Health, Technology and Allied Sciences for Innovation and their applications for global economic growth and sustainable development.

### MISSION

"To empower graduates with the skills and knowledge to make impactful contributions in health and technology sectors locally and globally."

### LOCATION

"Chukwani Mwisho, Mjini magharibi - Zanzibar "

### DIRECTIONS

"To reach Chukwani Mwisho in Zanzibar, board a daladala or bajaj heading to Chukwani and alight at Chukwani Mwisho.

## PART B: EDUCATION DETAILS

### SECTION A: MINIMUM ENTRY QUALIFICATIONS FOR ALL COURSES

PROGRAMME APPLYING	ENTRY QUALIFICATIONS	AWARDS:
Pharmaceutical Sciences	Ds in Chemistry, Biology & any 2 Ds in other subjects	Certificate & Diploma
Clinical Medicine	Ds in Physics, Chemistry, Biology & 1 D in any subject	Certificate & Diploma
Medical Laboratory Sciences	Ds in Chemistry, Biology, English, Physics or Engineering Science or Math	Certificate & Diploma

**NB: Religious Subjects pass marks are not accepted**

### SECTION B: EDUCATION DETAILS

Please fill in your academic Registration Number in the table Below

QUALIFICATION	FROM	TO	REGISTRATION NUMBER
FORM 4			
NTA Level 4			
NTA Level 5			

### SECTION C: PROGRAMME APPLIED FOR

Intake for 2025/2026 March / September Intake	Programme applying for (both Certificate and Diploma)	Put a Tick
	a) Pharmaceutical Sciences	
	b) Clinical Medicine	
	c) Medical Laboratory Sciences	

## PART C: FEES AND OTHER PAYMENTS

**TABLE 1: TUITION FEES**

PROGRAMME		TUITION FEES (T.SH)
(I)	Pharmaceutical Sciences	1,400,000
(II)	Clinical Medicine	1,400,000
(III)	Medical Laboratory Sciences	1,400,000

**TABLE 2: OPERATIONAL COSTS**

	DESCRIPTION	AMOUNT (TSH)
(I)	Admission Fee	50,000.00
(II)	Identity Card	10,000.00
(III)	School Uniform	100,000.00
(IV)	Students Union	10,000.00
	<b>Total</b>	<b>170,000.00</b>

**TABLE 3: OPTIONAL COSTS**

	DESCRIPTION	AMOUNT (TSH)
Accommodation	Paid in four installments	400,000.00
Meals	Paid in six installments	1,200,000.00

**TABLE 4: PRACTICAL AND FIELD COSTS (paid in two equal installments)**

DESCRIPTION	AMOUNT (TSH)
Practical and Field costs - Paid 150,000.00 Every semester	300,000.00

**TABLE 5: OTHER COMPULSORY COSTS (paid directly to the authorities)**

	DESCRIPTION	AMOUNT (TSH)
(I)	NACTE quality assurance fee	22,000.00
(II)	Verification fee (NACTE)	22,000.00
(III)	Medical Insurance to only those without Medical Insurance Card (paid every academic year)	60,000.00
	<b>Total</b>	<b>104,000.00</b>

**TABLE 6: EXAMINATION PAYMENTS**

(I)	End of semester II Examination payments	150,000/=
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**TABLE 7: PAYMENT SCHEDULES FOR SEPTEMBER INTAKE 2025/2026****FIRST YEAR**

INSTALLMENT	DATE	AMOUNT
<b>1<sup>st</sup></b>	01/09/2025 – 11/10/2025	377,000
<b>2<sup>nd</sup></b>	11/11/2025 – 21/11/2025	425,000
<b>3<sup>rd</sup></b>	13/01/2026 – 24/01/2026	300,000
<b>4<sup>th</sup></b>	11/03/2025 -02/04/2025	500,000
<b>5<sup>th</sup></b>	24/04/2025 – 03/05/2025	300,000
<b>6<sup>th</sup></b>	24/06/2025 – 05/07/2025	218,000
<b>TOTAL</b>		<b>2,120,000</b>

**SECOND YEAR**

INSTALLMENT	DATE	AMOUNT
<b>1<sup>st</sup></b>	01/09/2025 – 11/10/2025	425,000
		10,000
<b>2<sup>nd</sup></b>	11/11/2025 – 21/11/2025	350,000
<b>3<sup>rd</sup></b>	13/01/2026 – 24/01/2026	300,000
<b>4<sup>th</sup></b>	11/03/2025 -02/04/2025	420,000
<b>5<sup>th</sup></b>	24/04/2025 – 03/05/2025	350,000
<b>6<sup>th</sup></b>	24/06/2025 – 05/07/2025	400,000
<b>TOTAL</b>		<b>2,255,000</b>

## THIRD YEAR

INSTALLMENT	DATE	AMOUNT
1 <sup>st</sup>	01/09/2025 – 11/10/2025	425,000
		10,000
2 <sup>nd</sup>	11/11/2025 – 21/11/2025	350,000
3 <sup>rd</sup>	13/01/2026 – 24/01/2026	400,000
4 <sup>th</sup>	11/03/2025 – 02/04/2025	550,000
5 <sup>th</sup>	24/04/2025 – 03/05/2025	350,000
6 <sup>th</sup>	24/06/2025 – 05/07/2025	400,000
<b>TOTAL</b>		<b>2,485,000</b>

## MODE OF PAYMENTS

All payments MUST be made in full/installments at the beginning of each academic year / semester. No one will access the college services prior payment of specified amount.

All payments should be made directly through;

1. The **CONTROL NUMBER** which will be generated by the college accounts
2. Through **CRDB BANK NUMBER 0150985281100** (Zanzibar college of Health and Technology)
3. Through **LIPA NUMBER YAS (17799339 ZANZIBAR COLLEGE), VODACOM (58141352 ZANZIBAR COLLEGE)**

Present Original Bank pay in slips or confirmation of payments via mobile money(e.g, Lipa number transaction receipt ) on reporting date)

**Please take note that; money paid is NON- REFUNDABLE.**

## PART D: STUDENT INFORMATION

**TABLE 1: PERSONAL PARTICULARS / INFORMATION**

First Name																			
Second Name																			
Surname																			
Date of birth																			
Sex	Male <input type="checkbox"/>						Nationality:												
	Female <input type="checkbox"/>																		
NIDA NUMBER																			
Permanent Home Address:									Next of Kin Address:										
Country										Full Name:									
City																			
Post code										Relationship									
Telephone no.										Phone Number									
Email (Please write your e-mail address clearly)																			

## TABLE 2 . FINANCING

Please show how you will finance your studies

Family/ Employer / Loan / Saving / Other:	
Parents / Guardians	Job Title
Telephone No	Place of work
Address	Office Telephone
E-Mail	

## MANDATORY REQUIREMENTS

**On registration please make sure you have the following documents: -**

1. This application form (mandatory).
2. Original Bank pay in Slips on reporting date. ( If you paid through Bank)
3. Copy of Latest academic transcripts and certificates.
4. Three passport-size photos: Attach one on the front page of this application form.
5. Dully filled and signed form of medical examination (Appendix ii). The Signed form should also be stamped.
6. Signed form of College Rules and Examination Regulations. (Appendix i).
7. A copy of Medical insurance card. Failure of which you will be required to pay non refundable medical insurance fees.
8. A copy of NIDA Identification Card or ZID Card

## SPONSOR DECLARATION

**Sponsor Declaration:** I have read, understood and agreed on all rules, regulations and responsibilities and hereby agree to finance the above-named applicant in his /her studies at Zanzibar College of Health and Technology and shall provide funds for tuition fees and other services where applicable.

Signed:..... Name:..... Date:.....

## FOR OFFICIAL USE ONLY ADMISSION APPROVAL

**ZANZIBAR COLLEGE OF HEALTH AND TECHNOLOGY** has approved you to be admitted for

- (i) Basic Technician Certificate (NTA LEVEL 4) ☐ (ii) Technicians Certificate (NTA LEVEL 5) ☐  
 (iii) Ordinary Diploma (NTA LEVEL 6) ☐ (iv) Diploma Upgrading (NTA LEVEL 6) ☐

Classes will be commencing on \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Admission Officer

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Date of approval

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Principal's Stamp

## Appendix i

### HOSTEL REQUIREMENTS

#### Personal Information:

- Full Name: \_\_\_\_\_
- Course of Study: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

#### Hostel Requirements:

1. Mattress Or 50,000/=
2. Mosquito net
3. Trunk or bag for storing clothes
4. Mattress cover (to prevent dirt and dust)
5. Washing buckets
6. Bedsheets & pillow

## Appendix ii

### MEDICAL EXAMINATION:

STUDENT'S NAME .....

Please examine the above-named Student on his/her physical and mental fitness for a Full-time studies in our College. The examination should include the following categories:

Hemoglobin \_\_\_\_\_

P.V. Bleeding \_\_\_\_\_

Sight \_\_\_\_\_

Blood pressure \_\_\_\_\_

Sugar and Pregnancy test \_\_\_\_\_

Asthma \_\_\_\_\_

Leprosy \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Neurosis \_\_\_\_\_

Other serious diseases \_\_\_\_\_

# MEDICAL CERTIFICATE

(TO BE COMPLETED BY A MEDICAL OFFICER)

I have examined the above-named Student and consider that he/she is Physically fit/unfit and Mentally fit/unfit for full studies.

Other comments: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP

