HAYDOM INSTITUTE OF HEALTH SCIENCES
ELCT Mbulu Diocese

APPLICATION FORM

(This form should be filled in by applicant Her/himself)

First Name……..…….... Middle Name ……..……Last Name…….…….…..

Age…… Date of birth……... Month…… Year of birth……..……..

Home Address……Country of Residence …….

Region …… ……..District ……..…… ..

Phone Number …….. E-mail …….……

Sex…….Religion……..…Tribe…….....

Marital Status: (Tick where required) Married [ ] Single[ ]

Do you have any physical disability (YES/NO) – if YES indicate type of disability

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EDUCATION BACK GRAOUND

Primary School Name ……Year finished…….…….……...

Form four School Name ……Year finished…… .Index Number …….…….

Form six School Name ……Year finished…….Index Number …….……..

Have you attended any other school/college after Secondary School? .....

If so, give the name ……...Years of program..... Level of Program (certificate,
diploma)…….Work experience ……...……..……
Address of Employer ……..

REFEREE

1st Relative full name……

Relation…… Address…….....Phone number ……..…….

E-mail……..District……Region ..…… Country …….….

2nd Relative full name……

Relation…… Address…….....Phone number..... E-mail……District……Region ..…… Country ……

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CHOICE OF PROGRAME

Chosen in rank order

PROGRAME NAME	RANK (Put 1,2 or 3) Pre-service only	CHOICE (Tick)
Certificate in Diagnostic Radiography		
Ordinary Diploma in Nursing Pre service		
Ordinary Diploma in Nursing In-service		
Ordinary Diploma in Clinical Medicine		
Ordinary Diploma in Medical Laboratory		
Ordinary Diploma in Pharmaceutical Science		

Attachment Copies of (Put tick on attached document)

Certificate of Secondary Education Examination or Result Slip	(PUT TICK)
School leaving Certificate	
Birth Certificate	
Certificate of Registration - In-service	
License of Practice - In-service	
Permission Letter from Employer - In-service	

F:APPLICATION PROCESSING FEE IS Tshs 20,000/= INCLUDES THE PAYMENT OF APPLICATION CONTROL NUMBER FROM NACTVET.
The payment of application you may pay in this accounts:-

Account number: **41210004975**
Account Name:- Haydom Institute of Health Sciences
Bank: *NMB*

Account number: **0150271030301**
Account Name: Haydom Institute of Health Sciences
Bank: CRDB
NOTE: Scan the above attachments and bank pay slip sent it though the above email or whatsapp

Application fee is Non-refundable and Admission committee will contact you using the number you provided in this application forms.