



# SONGEA SMART PROFESSIONAL COLLEGE

**P.O. BOX 32 SONGEA RUVUMA**

Web: [www.songeasmartcollege.ac.tz](http://www.songeasmartcollege.ac.tz)

E-mail: [songeasmart@yahoo.com](mailto:songeasmart@yahoo.com)

**MOB:0782-380511**

**0764-103387**

**0713-950111**

**0758-419225**



**NACTE REGISTRATION NO: REG/HAS/230**

Ng.....

**APPLICATION FORM – Tshs 10,000/=**

**APPLICATION FORM FOR HEALTH AND ALLIED SCIENCES**

**(FOMU YA KUJIUNGA NA KOZI ZA AFYA • [UFAMASIA])**

*(Please fill information in BLOCK LETTERS ONLY).*

**1.0. PERSONAL PARTICULARS.**

First Name.....Middle.....surname.....

**(Note: The names entered in this form must exactly be the same as those appearing on your four IV or VI certificate to be used for admission.)**

Physical address .....Mobile. No.....

E-mail.....Area of residence.....

District.....Region.....

Marital status.....Date of birth.....

Place of birth.....Gender.....

Citizenship..... Parent Tel: .....

**2.0. EDUCATIONAL INFORMATION: (Tick as appropriate)**

O'LEVEL	A'LEVEL	NVA – LEVEL 3 Under VETA	NTA –LEVEL 4 BasicTech.Cert. NACTE	NTA-LEVEL 5 Technician Cert. NACTE	NTA- LEVEL6 Ordinary Diploma NACTE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work experience (Years).....

### 3.0 EDUCATION BACKGROUND

Name of school	Year Completed	School Location	Grades of Subjects(eg: A,B,C,D)			
			Biology	Chemistry		
(O Level) ..... .....			Biology .....	Chemistry .....	.....	.....
(A-Level if applicable) ..... .....			Biology .....	Chemistry .....	.....	.....

### 4.0 Sponsorship (Tick as appropriate)

Government	Private Company	Self	Loans board	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4.1 Preferred mode of training (Tick as appropriate)

Full - Time	Review-Course	Distance Learning	Hostel	Off- Campus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5.0 COURSES OFFERED AT HEALTH AND ALLIED SCIENCES DEPARTMENT

Ref	LIST OF COURSES	DURATION	FEE
1.	Basic Certificate in Pharmaceutical Sciences	One Year	1,400,000/=
2.	Technician Certificate in Pharmaceutical Sciences	One Year	1,400,000/=
3.	Ordinary Diploma in Pharmaceutical Sciences	One Year	1,400,000/=

### 5.1 ADDITIONAL PROGRAMS OFFERED

Ref	LIST OF COURSES	DURATION	FEE
1.	Computer Knowledge	Three Months	FREE
2.	Entrepreneurship Development	Three Months	FREE
3.	English and French	Three Months	FREE

Note: Tuition fee may be paid in full or in four (4) installments per academic year.

**6.0 ENTRY QUALIFICATIONS FOR PHARMACEUTICAL SCIENCES**

- **Certificate in Pharmaceutical Sciences**  
Holders of certificate of Secondary Education (CSEE) with four passes in non-religious subjects including ‘D’ passes in **Chemistry and Biology**.
- **Technician Certificate in Pharmaceutical Sciences**  
Requires a holder of Basic Technician Certificate in Pharmaceutical Sciences.
- **Ordinary Diploma in Pharmaceutical Sciences**  
Requires a holder of Technician Certificate in Pharmaceutical Sciences.

**6.1 APPLICANT’S DECLARATION.**

I certify that the particulars furnished in this application form are true and complete in all respects and that no relevant information has been withheld.

I understand that misrepresentation, falsification and or withholding information in regard to this application are serious offences that may result in nullification /denial of registration and /or prosecution.

Applicant’s name in full.....

Applicant’s signature.....Date.....

**7.0 SPONSOR’S CONFIRMATION.**

This organization /person will meet nominee’s tuition fee and other expenses as detailed in the SSPC brochure or below in application form and joining instruction given.

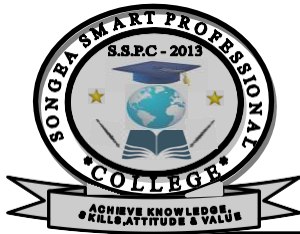
Name of Sponsoring  
Organization/Parent/Guardian.....

Contact person.....

Occupation .....

Full –address.....Mobile no: .....

Sponsor’s Signature.....Date.....



SONGEA SMART PROFESSIONAL COLLEGE

Web: www.songeasmartcollege.ac.tz

E-mail:songeasmart@yahoo.com

P.O.BOX 32, SONGEA-RUVUMA Mobile:- 0758-419225

## JOINING INSTRUCTIONS FOR PHARMACEUTICAL SCIENCES

Dear.....

It is with great pleasure to inform you that, you have been allowed to report on.....

And qualified to pursue the course of.....

Which will start on.....at.....

Upon making registration, the applicant will be required to consider the following:-

1. Our tuition fees **DO NOT** include **HOSTEL** (Accommodation) and **MEALS** (food) expenses; these are separate costs which the student will be required to pay to the service providers.
2. Tuition fees once paid are neither refundable nor transferable to a third party if a student breaks the contract.  
*However, fifty percent (50%) of the semester fees may be refunded if the student notifies the principal to withdraw from the college within the first two weeks from the beginning of the semester / academic year.*
3. **4 Passport size photographs** taken not earlier than six months ago.
4. Every student shall bring **one ream A4 size** each semester.
5. An applicant must **attach copies of his or her relevant certificates** to support his or her details and submit originals when he or she is called for interview or admission.
6. Those aspire to stay at the college hostels should pay accommodation fee of **Tshs.120, 000/=** per year and are supposed to come with **a mattress of 3x6 ft.**
7. All students shall pay **Tshs.30, 000/= for lab-coat** and **Tshs. 40,000/= for college uniform.**
8. For those who do not have **Health Insurance** (Bima ya Afya) shall pay 50,400/= for National Health Insurance Fund (NHIF).
9. Other contributions
  - i. **Tshs. 100,000/=** for Caution money
  - ii. **Tshs. 10,000/=** for college t-shirt
  - iii. **Tshs. 10,000/=** for identity card
  - iv. **Tshs. 5,000/=** Student Council Government
  - v. **Tshs 20,000/=** NACTE verification fee
  - vi. **Tshs. 15,000/=** NACTE Quality Assurance fee
  - vii. **Tshs. 180,000/=** Internal Examination fee
  - viii. **Tshs. 150,000/=** Ministry of Health Examination fee
  - ix. **Tshs. 30,000/=** for application fees
  - x. **Tshs. 230,000/=** Internal and External Academic Quality Assurance fee

The college fees and other contributions should be payable THROUGH **BANK ACCOUNT.**

A/C Number **51010022172 -NMB BANK**

A/C Name is **SONGEA SMART PROFESSIONAL COLLEGE.**

**We warmly welcome you at our esteemed college once again.**

---

**For Principal**