

TUMAINI UNIVERSITY
KILIMANJARO CHRISTIAN MEDICAL COLLEGE

**APPLICATION FORM FOR ADMISSION TO POSTGRADUATE DEGREE
PROGRAMMES - ACADEMIC YEAR 2010 - 2011**

Ref. No: _____
(For official use)

Attach 1 certified
passport size
Photograph here
name clearly printed
on the back of the
photograph

A: IMPORTANT INFORMATION:

On the medical college page regarding applications on this website the following attachments will be found:

1. Application form for joining diploma and undergraduate programmes
2. Application form for joining postgraduate programmes
3. Fee structures for each programme. (The college reserves the right to change this without notice.)
4. Medical examination forms

Application fee: Application fee is 30,000 Tanzanian shillings (30 US dollars for foreign applicants). This fee is subject to review without notice and is non-refundable

The application forms can be downloaded below and filled appropriately and returned to the Admissions officer at the KCM- College with the necessary attachments. Please provide a reliable e-mail address for correspondence. The deadline for receiving applications is **30th April 2010** for applications intended for joining the college during the academic year starting the following October.

The forms will not be processed if proof of payment of application fee is lacking. You can pay the fee into the college bank accounts as shown below. A copy of the pay-in slip should be attached with the filled forms. The original copy will be required for verification when the applicant reports for interview at the college and the college bursar will issue a receipt to confirm the pay.

Kilimanjaro Christian Medical College

Local Account (Tshs): 017101001339

NBC Moshi Branch

TANZANIA

Forex Account (Dollar account): 017105000676

SWIFT CODE. NLCBTZTX

NBC Moshi Branch

P. O. Box 3030, MOSHI - TANZANIA

Attachments: When returning the filled application form (as hard copy), the following papers should be attached:

- i. A copy of the bank pay-in slip as evidence for having paid the application fee
- ii. A copy Secondary school certificate indicating academic performance
- iii. A copy of High (A-level) school certificate indicating academic performance
- iv. Proof of availability of sufficient funds to pursue the course.
- v. A medical certificate (download form from this same address)
- vi. Certified copy of transcript of academic and professional certificates
- vii. Undergraduate degree certificate and transcript
- viii. For MMed applicants, copy of Internship certificate.

Duly filled documents and forms to be sent to:

The Deputy Provost for Academic Affairs

Kilimanjaro Christian Medical College

P. O. Box 2240, MOSHI, Tanzania

Telephone 255-27-2754377/ 83 Ext 157

Fax: 255-027-2751351

Email : psec@kcmcollege.ac.tz or admissions@kcmcollege.ac.tz:

Web page: <http://www.kcmcollege.ac.tz>

B: GENERAL INSTRUCTIONS:

1. All applications for postgraduate training at Kilimanjaro Christian Medical College should be submitted to the Admissions Officer
2. Application Fee: All applicants are required to pay a non-refundable application fee as shown in the previous page.
3. State Master's Programme degree you are applying for:

4. Doctor of Philosophy (Ph.D) Applicants:

Title of Research Topic:-

C: PERSONAL PARTICULARS:

- (i) Surname (Block letters) _____
- (ii) First Name in Full (Block letters) _____
- (iii) Middle names in full (Block letters) _____

Note: The names in which you'll be registered are those which appear on your first degree certificates.

(iv) Date of Birth: _____ Place of Birth (Town) _____ Gender (M or F) _____

(v) Religion: _____

(vi) Married or Single: _____

(vii) Citizenship: _____

(viii) Country of Residence: _____ District: _____

(ix) Current Address to which information should be mailed.

Email: _____

Phone: _____ Fax: _____

Postal Address: _____

(xi) Do you have any physical or communication disabilities? (Tick/whichever is applicable):

a) Vision: ____ Mobility: ____ Speech: ____ Hearing: ____ Others: ____

If any of the above is present give details of disability _____

b) Duration of the disability: _____

c) Type of supportive gear being used/required: _____

d) Sponsor of (c) above: _____

N.B: This information is to prepare the University College to receive you and will not mitigate against your admission.

D: ACADEMIC QUALIFICATIONS:

(i) First Degree/Diploma: _____

Awarding University/College: _____

Year of Award: _____ GPA: _____ Class: _____

(ii) Second and Third Degrees/Diplomas (Fill in as above)

(iii) **Professional Awards:**

(a) Award: _____

(b) Awarding Institution/ Association: _____

(c) Duration of Programme: _____

(d) Year of Award: _____

E. PROFESSIONAL/WORKING EXPERIENCE:

(i) Current employment and position held: _____

(ii) Current Employer and address: _____

(iii) Previous employment and position held: _____

F. Indicate if Permission has been given by a current employer: _____

G. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):

Give full name and addresses: _____

H. CURRICULUM VITAE AND REFEREES:

Enclose your curriculum vitae and reference letters from three Referees

I. STUDENT'S CONTACT INFORMATION:

Address to which information should be sent if applicant is successful:

Information will be sent to successful candidates only, normally during July,

(see note below);

Email: _____ Phone: _____

Postal Address: _____

Fax: _____

NOTE: Change of address must be communicated to the Admissions Officer

Statement by Applicant:

I have acquainted myself with the instructions for application to the Kilimanjaro Christian Medical College of Tumaini University and certify that to the best of my knowledge the information given above is correct.

Date: _____ Signature of Applicant: _____