EVANGELICAL LUTHERAN CHURCH IN TANZANIA NORTH EASTERN DIOCESE

BUMBULI COLLEGE OF HEALTH AND ALLIED SCIENCES.

Telephone: 027-2640353 Fax: 027-2640353

Email: bumbuli.cotc@yahoo.com



P.O.Box 9, Bumbuli, Tanzania.

APPLICATION FORM FOR ORDINARY DIPLOMA IN CLINICAL MEDICINEACADEMIC YEAR 2021/2022

SEPTEMBER INTAKE

PROGRAMMES	MINIMUM ENTRY QUALIFICATIONS
Ordinary Diploma in Clinical Medicine (Direct Entry)	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) Minimum Passes in non-religious Subjects including "D" Passes in Chemistry, Biology, Physics/Engineering Sciences, and Basic Mathematics and English Language is an added advantage.

Applicants should pay a nonrefundable fee of fifteen thousand shillings (TZS. 15000/-) to BUMBULI COLLEGE OF HEALTH AND ALLIED SCIENCES BANK ACCOUNT NO: 0150579305400 CRDB BANK attach the Bank Pay-in slip to the filled in application form as evidence of payment of application fee.

Application forms duly filled in should be returned to one of the addresses above not later than **8/09/2021 1.0 PERSONAL DETAILS:**

1.10 First name:	
1.11 Middle name:	
1.12 Surname Name:	
(NOTE: THE NAMES ENTERED IN THIS FOR	M MUST BE EXACTLY THE SA.ME AS THOSE APPEARING ON
YOUR SECONDARY SCHOOL O-LEVEL CERT	TIFICATE)
1.2 Sex: Male/Female	1.3 Date of Birth
1.4 Place of Birth:	1.5 Religion
1.6 Marital Status:	1.7 Citizenship
1.8 District:	1.9 Region:
1.10 Postal Address:	
1.11 Applicants Mobile No(s):	E-mail Address

1.13 CLOSE RELAT	TIVE (NEXT OF KI	N) DETAILS:				
1.14 Full Name		1.15 Phone N	lo			
6 Postal Address						
DO YOU HAVE ANY	KIND OF DISABILITY	?? YES/NO. IF YE	S, PLEASE SPECIFY:			
(NOTE: THIS INFORM	MATION IS REQUIRED	FOR THE INSTIT	 ΓUTION TO ARRANGE Α	APPROPRIATE		
MEANS OF ASSISTIN ADMIT YOU).	G YOU ONCE ADMIT	TED. IT WILL IN	NO WAY AFFECT TH	E DECISION TO		
		ZCDOUND.				
2.0 EDUCATION AND 1 2.1 Certificate of Second			onal Form IV/or Equivalent	f		
(PLEASE ATTACH CO	•	· ·	mai i omi i v/oi Equivalent	·		
School	Index No.	Year of	Cubing	Cuada		
School	index No.	Completion	Subject	Grade		
			PHYSICS			
			CHEMISTRY			
			BIOLOGY			
			B/MATHEMATICS			
			ENGLISH			
			GEOGRAPHY CIVICS			
			KISWAHILI			
			HISTORY			
			vivision:			
3.0 DECLARATION:						
I declare that all information	ation given on this form	is true and correct	to the best of my knowledg	ge.		
Signature of Applicant:						
• 11						
Dute.						
Note 1: The information	n given in this form wi	ll be used for adm	ission purpose only. Non-	disclosure of detail		
	-		m, if discovered, shall re			
cancelled.	initiation to unity of the		in, ir discovered, simir re	madi your registre		
Note 2: Important Atta	achments:					
i Cop	y of form four academic	certificates				
ii NE	CTA equivalent translati	ons (for those with	n foreign Secondary certif	ficates)		
iii Copy	of Birth Certificate					