



CATHOLIC DIOCESE OF KIGOMA



KABANGA HEALTH TRAINING INSTITUTE P.O.BOX 42 KASULU REG/HAS/023) - FBO

Email: [admission@khti.or.tz](mailto:admission@khti.or.tz)

Website: [www.khti.or.tz](http://www.khti.or.tz)

**APPLICATION FORM FOR ACADEMIC YEAR 2019/2020:**

Application fee **Tsh: 30,000.00** Non -refundable must be paid by each applicant through **KABANGA NURSES AND MIDWIVES TRAINING SCHOOL** account **NO.**

**51403500108 NMB. Or M - Pesa Mobile NO: 0762 43 77 80 Name. KABANGA SCHOOL OF NURSING**

**Instructions:**

**Personal information:**

**Fill in using blue or black pen in CAPITAL letters:**

Write your names as it appears in your academic certificates	<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
Sex	Nationality	Date of birth	Place of birth
Place of domicile	District/Region	Phone No:	Email address:

**Academic information:**

Name of form six school attended ..... Year .....index no.....

Name of secondary school attended..... year .....index no.....

Name of Primary school attended .....year.....index no.....

**IN SERVICE PROGRAMM:**

Name of Nursing school/collage attended..... year.....

Certificate No..... License No.....

Employers name..... Address.....

Working experience.....

Employer's recommendation.....

.....

Indicate grades score for each of the following subjects in the national form four/six examinations and attach copy of your academic transcript.

Physics	Chemistry	Biology
English	Basic mathematics	

Tick (√) the name of the course you are applying for:

S/NO	COURSE	DURATION	REMARKS
1.	ORDINARY DIPLOMA IN NURSING - PRE SERVICE	3 YEARS	( )
2.	ORDINARY DIPLOMA IN NURSING - UPGRADING (IN SERVICE)	1 YEAR	( )
3.	ORDINARY DIPLOMA IN CLINICAL MEDICINE	3 YEARS	( )

**Applicant correspondence address:**

Name of the parent/guardian /employer.....

Mobile number.....Post address.....Email.....

**Declaration:**

I declare that the information provided in this form is true. I understand the consequence of false information

Applicant signature.....Date.....

**For official use only:**

Selection committee comments:

.....  
 .....  
 .....  
 .....

Name of admission officer

.....Date.....signature.....

NB: This form should be returned immediately after filling.