



ZAWADI MEMORIAL HEALTH TRAINING INSTITUTE

Your Ref:

.....

REF: JOINING INSTRUCTION FOR MEDICAL ATTENDANT COURSE

We are glad to inform you that you have been selected to join a course of Medical Attendant at the Zawadi Memorial Health Training Institute for academic year 2026.

The college is located at Kimochi, shia, Mjohoroni, Moshi-Kilimanjaro, about 2 kilometers from main road of Moshi to Himo. You are supposed to report to the college on January 2026. It is an 8 months-long course.

Failure to report to school on the opening week will lead your chance be offered to someone else in need.

In order to facilitate your admission, you are required to fulfill the following conditions: -

1. MEDICAL EXAMINATION

Admission to college is conditional upon a satisfactory medical report that will be received by the college. Students are therefore asked to undergo medical examination by registered medical practitioner. Use the enclosed form, which should be brought with you duly filled and signed. No student shall be registered without producing medical examination certificate. Similarly, you are required to sign and return the acceptance form one week before the reporting date.

2. TRAVELLING ARRANGEMENTS:

Your sponsor/parent/guardian will be responsible for all your travel and transport costs to and from the college, during vacations on leave or breather and for clinical practice.

3. RESIDENCE:

The course is for both residents and non-residents for the non-resident students, prior arrangements should be made to seek for residence and study permit from Immigration offices.

4. ACCOMODATION

Accommodation is available for both male and female students...

5. MEALS:

Meals are available at the college cafeteria which may be used by students to avoid eating in unsafe premises.

6. WHAT TO BRING

All students must bring to school:

- (i) Two (2) recent passport size photographs for registration and identity cards.
- (ii) Original Certificates for verification of authenticity of the photocopies you sent to the college previously.
- (iii) Six (6) Counter books: 2 of 4 quires and 4 of 2 quires, 1 note book, pen, pencil, eraser, ruler 1 tape measure, 1 non - digital clinical thermometer.

7. DISCIPLINE:

- Students admitted into the college are expected to observe and abide to the college rules and regulations.
- You must observe and follow Examination Rules and Regulations.
- You must observe any other lawful orders given by the relevant authority. Failure to observe and comply with any lawful order may lead to summary dismissal from the college and **there will be no refund of any money paid.**

8. PAYMENT OF FEES:

All payments shall be paid directly to Zawadi Memorial Health Training Institute
NMB Bank, Bank account No.40310088697

Bring to college a Bank pay-in slip

Fees is payable in full or in two installments at the beginning of each academic semester.

Please note that once fee is paid it will not be refunded for whatever reasons.

**ZAWADI MEMORIAL HEALTH TRAINING INSTITUTE
FOR MEDICAL ATTENDANT.**

STUDENT'S SCHOOL FEES STRUCTURE

To be paid to: NMB BANK

Account Number: 40310088697

Account Name: Zawadi Memorial Health Training Institute

	ITEM (Annually)	TSHS
1	Tuition	810,000
2	Registration	60,000
	TOTAL FEE	870,000
	COST PAYABLE TO STUDENTS	
1	Internal exams	100,000
2	Student Union	10,000
3	Student portfolio	20,000
4	Uniform	50,000
5	Identity card (Id)	10,000
6	Graduation Fee	50,000
7	Stationary	50,000
8	Clinical Practice	100,000
	TOTAL	390,000

FEES PAYMENT SCHEDULE TO BE PAID AT THE BEGINNING OF THE MONTH

1ST INSTALLMENTS- 2025 UPON ARRIVAL	630,000.00
2ND INSTALLMENTS - AT THE BEGINNING OF MAY	630,000.00
TOTAL FEE 2025	1,260,000.00

ACCOMMODATION IS AVAILABLE FOR STUDENTS AND IT'S CHARGED 50,000/= MONTHS.

**MEDICAL CERTIFICATE FOR APPLICANTS DIPLOMA PROGRAMME FOR ACADEMIC
YEAR 2026.....**

Dear Doctor,

Please examine Mr./Miss/MS.....

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

YES NO YES NO

PHYSICAL EXAMINATION

- | | |
|--|-------------------------------------|
| 1. Height | 5. Mouth and Throat |
| 2. Weight | Nose |
| 3. Eyes: Conjunctivae..... | 6. Cardiovascular..... |
| | Systolic..... |
| | Diastolic..... |
| 4. Pupils | |
| Vision Right | Heart: Any Murmur? |
| Left | Arteries and Veins..... |
| With glasses: Right..... | |
| Left | |
| 7. Tuberculosis | 8. Epilepsy..... |
| 9. Asthma | 10. Deformity..... |
| 11. Allergic disorder..... | 12. Psychiatric..... |
| 13. heart disease..... | 14. Eye disorder..... |
| 15. Gastric or duodenal ulcer..... | 16. Gynecological disorder..... |
| 17. Kidney or Urinary disease | 18. Major or Minor Operations..... |
| 19. Diabetes..... | 20. Any other serious disorder..... |

LABORATORY

- | | |
|--------------------------------------|------------------------------------|
| 1. Urine: Albumin | 2. Stool: Special emphasis on..... |
| Sugar: | Hookworm or Bilharzias..... |
| Leucocytes..... | |
| 3. Blood Examination: Hb level | 4. X-ray examination – Chest..... |

ESR

5. Serology Test:

6. Pregnancy Test (F).....

Widal test.....VDRL

CONCLUSION

I have examined Mr./Miss./Mrs./MS.....and consider that he/she is/not physically and mentally fit to be admitted for Medical Attendant Programs for academic year 2026;

Date:

Signature.....

Name:

Title:

Qualifications.....

Address.....

The principal,

Zawadi Memorial Health Training Institute,

P.O. Box 8820,

MOSHI-KILIMANJARO.

Dear Sir/Madam

I,wish to declare that I accept to be admitted for the Diploma Zawadi Memorial Health Training Institute, I shall abide and follow all the regulations of the Institution and the Ministry of Health Community development, Gender, Elderly and children and my Sponsor. I shall also obey all the lawful instructions of all the leaders at the Zawadi Memorial Health Training Institute

Date.....

Signed:

Name in full: -----

Student's status (Day/ Boarding) -----

Home address-----

Mobile phone no-----