



ZAWADI MEMORIAL HEALTH TRAINING INSTITUTE

Your Ref:
.....
.....
.....

REF: JOINING INSTRUCTION FOR PRE-SERVICE DIPLOMA COURSE IN NURSING

We are glad to inform you that you have been selected to join a three-year Diploma course in Nursing at the Zawadi Memorial Health Training Institute for academic year 2025/2026. 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 October 2025.

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 PRE-SERVICE DIPLOMA IN NURSING
STUDENT'S SCHOOL FEES STRUCTURE (PRE-SERVICE)**

To be paid to: NMB BANK

Account Number: 40310088697

Account Name: Zawadi Memorial Health Training Institute

S/N		ONE YEAR
	ITEM (Annually)	TSHS
1.	Tuition	1,040,000/=
2.	Registration	60,000/=
	TOTAL	1,100,000/=

NB SCHOOL FEES CAN BE FIXED

OTHER EXPENSES

To be paid to: EXIM BANK

Account Number: 0070017841

Account Name: Zawadi Memorial Health Training Institute-Moshi

No	ITEM (ANNUALLY)	FIRST YEAR
1.	National Exams	150,000/=
2.	Internal exams	100,000/=
3.	Student Union	10,000/=
4.	NACTE Capitation Fee	20,000/=
5.	Midwife & General Nursing practice experience book	70,000/=

6.	Uniform	Will provide sample
7.	Pullover/sweater	Will provide sample
8.	Treatment cost-NHIF	51,000/=
9.	Identity card (Id)	10,000/=
10.	Hospital clean gloves	Come with them
11.	Graduation Fee	-
12.	Stationary	70,000/=
13.	Caution Money	30,000/=
14.	Clinical Practice	100,000
15.	Research/ Field fee	-
16.	Hostel fees	-
17.	two ream photocopy papers every semester.	Come with them
	Total	611,000

STRICTLY no student will be admitted into the college if he/she does not bring bank deposit slip to indicate amount of money which has been deposited into the college Account NMB Bank Account no.403 10088697 Zawadi memorial health training institute and EXIM Account number 0070017841 with Account name Zawadi Memorial Health Training Institute-Moshi

NB: Food is available for those who may need.

**MEDICAL CERTIFICATE FOR APPLICANTS DIPLOMA PROGRAMME FOR ACADEMIC
YEAR 2025/2026.....**

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 to the Diploma in Nursing Programs for academic year 2025/2026;

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-----