



MORAVIAN CHURCH IN TANZANIA MBOZI PROVINCE

YOHANA WAVENZA HEALTH INSTITUTE

P. O. Box 91,

Mbozi – Songwe Tanzania

Mobile. No. +255734710591/+255 753170317

E-mail: yohanawavenzahealth@gmail.com

Web-site : www.ywhi.ac.tz

Dear applicant: _____

REF: ADMISSION AND REGISTRATION FOR DIPLOMA IN CLINICAL MEDICINE PROGRAM AT YOHANA WAVENZA HEALTH INSTITUTE IN ACADEMIC YEAR 2023/2024

I am glad to inform you that you have been selected to join our Institution Yohana Wavenza Health Institute (YWHI) for Diploma in Clinical Medicine in Academic year **2023/2024**.

Yohana Wavenza Health Institute (YWHI) is a Faith Base Organization (FBO) fully registered by NACTE with Reg. No. REG/HAS /114 with fully accreditation.

Yohana wavenza health institute is situated in Songwe region at Mbozi district, Igamba division and Igamba ward, it is about 15km away from the Vwawa town the headquarter of the region and about 7km from karasha via Zambia Road.

The institution admits all students regardless of their faith, though one must adhere to our rules and regulations. You are required to report within two weeks after which registration will close.

At the time of registration, you must

- i. Present yourself in person to institute admission officer with four passport size picture, birth certificate, and original certificate of ordinary education examination.
- ii. You must submit all receipts of payment of application fee, tuition fee and other contributions to Accountant's office.
- iii. Filled medical checkup form, and copy of this joining instruction signed by parent/guardian and applicant.
- iv. Foreign students are required to submit all legal documents from regional immigration office.

Reporting date is **3th OCTOBER 2023** time **8:00am – 06:00pm**. The chance may be given to someone else, if you delay to report more than two weeks from the reporting date. Thus, reporting later than **18th October 2023** will forfeit your chance.

Enclosed to this letter find the joining instructions.

We look forward to having you at our institute and wishing you successful studies.

You're sincerely,

.....
Mr. SAMSON MSOKWA
PRINCIPAL



All correspondences should be addressed to the Principal.

Barua zote ziandikwe kwa Mkuu wa Chuo

JOINING INSTRUCTION FORM

FEES AND CONTRIBUTIONS FOR CLINICAL MEDICINE.

Tuition Fees per Year: 1,400,000/=

Account name: Yohana Wavenza Health Institute

Account No.: 0150523733500 CRDB BANK

MODE OF PAYMENT FOR TUITION FEE.

DESCRIPTION	PERIOD/MONTHS	1 ST YEAR	2 ND YEAR	3 RD YEAR
1 ST INSTALLMENT	3 rd OCTOBER 2023	350,000/=	350,000/=	350,000/=
2 ND INSTALLMENT	1 st JANUARY 2024	350,000/=	350,000/=	350,000/=
3 RD INSTALLMENT	1 st APRIL 2024	350,000/=	350,000/=	350,000/=
4 TH INSTALLMENT	1 st JULY 2024	350,000/=	350,000/=	350,000/=

CONTRIBUTIONS APART FROM TUITION FEES

HOSTEL CONTRIBUTIONS TOTAL 150,000/= PER YEAR

ACCOUNT NAME: MBOZI MISSION HOSPITAL

ACCOUNT NO: 0152068078200 CRDB

DESCRIPTION	PERIOD/MONTHS	1 ST YEAR	2 ND YEAR	3 RD YEAR
1 ST INSTALLMENT	3 rd October, 2023	37,500/=	37,500/=	37,500/=
2 ND INSTALLMENT	1 st January, 2024	37,500/=	37,500/=	37,500/=
3 RD INSTALLMENT	1 st April, 2024	37,500/=	37,500/=	37,500/=
4 TH INSTALLMENT	1 st July, 2024	37,500/=	37,500/=	37,500/=

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Barua zote ziandikwe kwa Mkuu wa Chuo

OTHER CONTRIBUTIONS

ACCOUNT NAME: MBOZI MISSION HOSPITAL

ACCOUNT NO: 0152068078200 CRDB

S/N	DESCRIPTION	AMOUNT		
		1 ST YEAR	2 ND YEAR	3 RD YEAR
1.	Internal examinations	150,000/=	150,000/=	150,000/=
2.	National examination fees	150,000/=	150,000/=	150,000/=
3.	Field Works (For supervision only)		150,000/=	150,000/=
4.	Clinical Supervision	70,000/=	70,000/=	70,000/=
5.	Quality assurance fee	15,000/=	15,000/=	15,000/=
6.	Health insurance (NHIF)	55,400/=	55,400/=	55,400/=
7.	CSSC	5,000/=	5,000/=	5,000/=
8.	Student Organization	10,000/=	10,000/=	10,000/=
9.	Procedure book	15,000/=	15,000/=	15,000/=
10.	ID Card	10,000/=	-	-
11.	Uniforms	140,000/=	-	-
12.	T-shirts 2	24,000/=	-	-
13.	Registration Fees	20,000/=	-	-
14.	Graduation Money	10,000/=	10,000/=	55,000/=
TOTAL		674,400/=	630,400/=	675,400/=

MODE OF PAYMENT FOR CONTRIBUTIONS

	1 ST year	2 ND year	3 RD year
1 st installment reporting date 3rdOCTOBER 2022	400,400/=	400,400/=	400,400/=
2 nd installment 1st APRIL 2023	274,000/=	230,000/=	275,000/=

OTHER REQUIREMENTS

1. **STUDENT ORGANIZATION** Tshs. 20,000/= should be paid every year by each student through **CRDB BANK A/C No: 0133705981200 - WANACHUO YOHANA WAVENZA**
2. Black, white or brown Leather Shoes. (Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas),
3. Four boxes of Clean Gloves for personal practical clinical sessions (**each year**).
4. Three rims and one ruled paper (**each year**)
5. Two bed sheets (light blue and pink) for boarding students
6. Blanket and mosquito net for boarding students
7. One bucket for bathing
8. One Squeezer
9. White sweaters
10. Socks (white for girls, black for boys)
11. Four current passport size with blue background
12. **Student Learning Kit with the following instruments:** Blood Pressure machine, Stethoscope, Thermometer, Examination torch, Tape measure, Torniquet, Patella hammer, Oscope, Tuning fork, and Pen touch and Personal Computer (Laptop).

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Barua zote ziandikwe kuya Mkuu wa Chuo

NB:

1. **Fee policy.** All above fees are subject to revision by the institute Governing Boards. When this happens, all concerned parties shall be notified in writing.
2. **Meals and Stationery.** The College does not offer food for students and stationery services is upon the student, parents, guardians or sponsors.
3. No student shall be allowed to postpone studies after the academic year has begun except under special circumstances. Permission to postpone studies shall be considered after the student has produced satisfactory evidence of the reasons for postponement to the Director/ Principal. Special circumstances shall include ill health or serious social problems.
4. **In case a student supplements any subject in national examination, there will be an extra charge of Tshs 200,000/=**
5. **There will be extra charge of Tshs 100,000/= for those who will supplement end of semester one examination.**
6. **In case a student fails to attend any internal examination without any genuine reason(s), he/she will pay the penalty of Tshs 30,000/=.**
7. Community field work, Research and Mental Health contributions are paid for supervision only. **Do not involve Accommodation and Transport.**
8. **No any payments will be refunded after being paid / withdraw from the account with any kind of reasons once a student is admitted to any course of study.**
9. The bank original pay-in-slip should be submitted to the institute accountant or cashier for receipt/acknowledgement.

NOTE: Payment by M-Pesa, Tigo Pesa, and Airtel Money or any mobile number is **STRICTLY NOT ACCEPTED. WE DO NOT HAVE ANY AGENTS FOR FEES OR ANY OTHER CHARGE COLLECTION.** We strongly advise parents/guardians to pay through bank accounts and give their students a pay in slip

SPONSOR AFFIDAVIT OF SUPPORT

Please complete the following information and sign below if you are willing to sponsor the student's (and dependents if applicable) full cost of tuition, fees, and living expenses for the full length of the program:

Signature of Sponsor: _____ Date: ___/___/___

Name of Sponsor: _____

Relationship of Sponsor to Applicant: _____

Address of Sponsor: _____

Phone Number: _____

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Barua zote ziandikwe kwa Mkuu wa Chuo

CERTIFICATION OF APPLICANT

I certify that the above information is true and complete to the best of my knowledge. I am fully aware that any false or misleading statement may result in an automatic denial of my admission request or eventual dismissal from the studies.

Signature of applicant: _____ Date: ___/___/___

Phone Number: _____



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MEDICAL EXAMINATION FORM - 2023/2024

DEAR DOCTOR,

Please examine Mr/Miss/Mrs.: _____

A. PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate **YES** or **NOW**

- | | |
|--------------------------------|--------------------------|
| 1. Tuberculosis | <input type="checkbox"/> |
| 2. Asthma | <input type="checkbox"/> |
| 3. Allergic | <input type="checkbox"/> |
| 4. Heart Disease | <input type="checkbox"/> |
| 5. Gastric or Urinary disease | <input type="checkbox"/> |
| 6. Kidney or urine diseases | <input type="checkbox"/> |
| 7. Diabetes | <input type="checkbox"/> |
| 8. Epilepsy | <input type="checkbox"/> |
| 9. Deformity | <input type="checkbox"/> |
| 10. Psychiatric | <input type="checkbox"/> |
| 11. Gynecological disorder | <input type="checkbox"/> |
| 12. Major or Minor operations | <input type="checkbox"/> |
| 13. Any other serious disorder | <input type="checkbox"/> |
| 14. Eye disorder | <input type="checkbox"/> |

B. PHYSICAL EXAMINATION

1. Weight _____
2. Height _____
3. Eyes: Conjunctivae: _____
4. Pupils _____
Vision Right eye _____ Left eye _____
With glasses: Right eye _____ Left eye _____
5. Mouth and Throat _____ Nose _____
6. Cardiovascular: BP Systolic _____ Diastolic _____

LABORATORY

1. Urine: Albumin _____
Sugar: _____
Leucocytes: _____
2. Stool: Special emphasis on Hookworm or Bilharzias _____

3. Blood Examination: HB Level _____
4. X-Ray examination-Chest _____
5. Serology Test: _____
Widal test _____
VDRL _____
6. Pregnancy Test (Female) _____

C. CONCLUSION

I have examined Mr/Miss/Mrs _____ and consider that he/she is or not physically and mentally fit to be admitted for Pharmaceutical Science programme.

Name & Title: _____

Signature: _____

Date & Official Stamp: _____