



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 NURSING AND MIDWIFERY PROGRAM AT YOHANA WAVENZA HEALTH INSTITUTE MBOZI - SONGWE REGION IN ACADEMIC YEAR 2023/2024

I am glad to take this opportunity to congratulate you and your guardian as well as in-form you that, you have been selected to join Yohana Wavenza Health Institute for **Ordinary Diploma in Nursing (in-services)** for one year, for the academic year **2023/2024**.

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

Yohana Wavenza Health Institute is located in Songwe region at Mbozi District, 73 Km from Mbeya City; 15 Km from Mbozi District Headquarters (Vwawa) and 7 Km west from the tarmac road at Karasha (between Vwawa and Mlowo).

The reporting date to the school will be on **3rd October 2023** the vacancy 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 place.

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.

Foreign students are required to submit all legal documents from regional immigration office.

Reporting date is **3rd OCTOBER 2023** time **8:00am – 06:00pm** except holiday and weekend. The chance may be given to someone else, if you delay to report more than two weeks of the reporting date.

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

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JOINING INSTRUCTION FORM

FEES AND CONTRIBUTIONS.

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

Account Name: MBOZI MISSION HOSPITAL.

Account No.: 0150068078201 - CRDB BANK

MODE OF PAYMENT FOR TUITION FEE.

DESCRIPTION	PERIOD/MONTHS	AMOUNT
1 ST INSTALLMENT	1 st October, 2023	350,000/=
2 ND INSTALLMENT	1 st January, 2024	350,000/=
3 RD INSTALLMENT	1 st April, 2024	350,000/=
4 TH INSTALLMENT	1 st July, 2024	350,000/=

CONTRIBUTIONS APART FROM TUITION FEES

HOSTEL/LODGING CONTRIBUTIONS TOTAL 150,000/= PER YEAR

A/C Name: MBOZI MISSION HOSPITAL

Account No: 0152068078200 - CRDB BANK

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

OTHER CONTRIBUTIONS

Account Name for OTHER CONTRIBUTIONS

A/C Name: MBOZI MISSION HOSPITAL

Account No: 0152068078200 - CRDB BANK

S/N	DESCRIPTION	AMOUNT
1.	Student identity card (ID)	10,000/=
2.	Quality Assurance (NACTE)	15,000/=
3.	Practicum Guide and Procedure Book	80,000/=
4.	2 T- Shirts	24,000/=
5.	Sports and Game clothes	20,000/=
6.	Research (For Supervision Only)	100,000/=
	Mental Health Field (For Supervision Only)	100,000/=
7.	Internal Examinations	150,000/=
8.	National Examinations	150,000/=
9.	CSSC	5,000/=
10	Clinical supervision	70,000/=
Total		724,000/=

MODE OF PAYMENT FOR CONTRIBUTIONS

PAYMENT INSTALLMENT	AMOUNT
1 st Installment Reporting Date 3 rd October 2023	400,000/=
2 nd Installment April 2024	324,000/=

Bring your **PAY IN SLIP** indicating the name of student when reporting to school.

NOTE:

1. Graduation money should be paid in the second semester amounted to TSH 55,000/=
2. Student with no National Health Insurance Card have to pay NHIF card TSH 55,400/=
3. Student is advised to have Personal Computer (Laptop)

OTHER INSTRUCTIONS:

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. Bring your original form four /six secondary education certificate to be verified by the National Council for Technical Education (NACTE)
3. 3 recent colored passport size pictures
4. 2 pairs of shoes – color black (low heel and closed type)
5. Two pairs of white socks
6. Stationaries: -
 - (a) 3 counter books size 4 quire, and 6 exercise books
 - (b) 3 photocopy reams size A4 each year.
 - (c) 1 ruled paper ream each year.
7. Bed sheets 2 pairs (4 sheets) 1 pair of light blue and 1 pair of pink
8. Blanket, towel, Pillow & 2 pillow case one of blue and one of pink
9. Two buckets
10. Wrist watch with second (saa ya mishale mitatu inayoonesha sekunde)
11. One sweater white colour for female and male students
12. 2 black descents trouser for male & 2 black skirts with school plits (marinda) for female
13. A mosquito net.
14. 3 box of examination gloves each year
15. 1 box of sterile (surgical) gloves for each year
16. **Student learning kit with the following instruments Medical Equipment):** Analogy blood pressure machine, stethoscope, mercury clinical thermometer, tape measure.

NOTE:

- Only Authorized uniform must be worn by all students when on duty and during leisure time.
- Keeping beards and whiskers is prohibited
- Female students shall have their hair combed or braided (kusuka).
- Lipstick, nail polish or other fancy hair styles are not allowed.
- Students should come with enough pocket money for their own various expenditures
- If a student will fail to sit for an exam or test without any special reason will be required to pay **Tshs. 30,000/=** to do that exam/test
- **Fees Policy.** All above fees are subject to revision by the institute governing boards. When this happens, all concerned parties shall be notified.
- **Stationary.** All cost for stationaries is upon the student, parents, guardians or sponsors.
- In case a student supplements any subject in national examination, there will be an extra charge of **Tshs 100,000/=**
- Community field work, Research and Mental Health contributions are paid for supervision only. **Do not** involve Accommodation and Transport.
- **No any payments will be refunded after being paid/ withdrawn from the account with any kind of reasons once a student is admitted to any course of study.**
- No student shall be allowed to postpone studies after the academic year has begun except under special circumstances. Special circumstance shall include ill health or serious social problem.



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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

- Weight _____
- Height _____
- Eyes: Conjunctivae: _____
- Pupils _____
Vision Right eye _____ Left eye _____
With glasses: Right eye _____ Left eye _____
- Mouth and Throat _____ Nose _____
- 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: _____