



**West Evan College of Business, Health and Allied Sciences
(WECOBHAS)**

P O Box 15805, Dar Es Salaam,
Silva City, Cheka-Somangila

Kigamboni Municipal, Dar Es Salaam,

Tel: 0755 168 817 / 0764 222 999 Email: info@wecobhas.ac.tz,

Website: www.wecobhas.ac.tz

REG/BMG/053

**JOINING INSTRUCTION FORM TO DIPLOMA/CERTIFICATE PROGRAMMES FOR
ACADEMIC YEAR 2024/25¹**

(Please read carefully the Instructions before filling in this application form and be reminded that it's a criminal Offense to submit false information/documents)

PART 1: INSTRUCTIONS:

1. The dully filled application form should be returned along with certified photocopies of Certificates, academic transcript and original bank pay –in-slip (should bear the names of applicant).
2. Application Form is obtained from the Admission Office at Tzs. 30,000 (thirty thousand only)

PART 2: ADMISSION REQUIREMENTS

1. Completed medical examination form
2. Original Certificates of Secondary education
3. Application Form and the Admission letter
4. Evidence of payment of the fees and other charges
5. Birth Certificate or an affidavit
6. Colored pass port size photos (4)

PART 3: COURSE OFFERD

COURSE OFFERD	LEVELS
Pharmaceutical science	Level 4, 5 and 6
Procurement and Supply	Level 4, 5 and 6
Clinical Medicine	Level 4, 5 and 6
Business Administration	Level 4, 5 and 6
Accountancy	Level 4, 5 and 6
Social Work	Level 4, 5 and 6
Laboratory Assistant -VETA	Level 1, 2 and 3
Business Operations Assistant-VETA	Level 1,2 and 3

PART 4: STUDENT INFORMATION (PLEASE FILL)

Student Full Name	
Student Phone Number	
Form 4 Index Number and year	
Date of Birth	

¹ Transfer out is discouraged for all students, should this be proved by the management to be necessary the transferring students shall have to meet the costs of recruitment process that is set annually, for 2024/25 is Tzs 600,000

Primary school	
Secondary school	
Parent/ Guardian Name	
Parent/ Guardian Phone Number	
Region	
District	
Religion	
Citizenship	

PART 5: COURSE REQUIREMENT

Clinical medicine	Pharmaceutical science	Laboratory Assistant
<ul style="list-style-type: none"> ✦ Full set of Clinical Tools ✦ 1 Box – Gloves 	<ul style="list-style-type: none"> ✦ Calculator ✦ Tanzania Pharmaceutical Handbook ✦ 1 Box – Gloves ▪ Towel 	<ul style="list-style-type: none"> ✦ Calculator ✦ 1 Box - Gloves

PART 6: FEE STRUCTURE

The Tuition fees and other financial requirement is follows.

Sn	Item	Pharmacy/ Clinical Medicine	Laboratory Assistants/ Social Work	Businesses(PLM,BA &ACC)/ BOA
1	Tuition Fee	1,800,000	720,000	720,000
2	Other charges	500,000	400,000	400,000
Total		2,300,000	1,120,000	1,020,000

PART 7: FEE PAYMENT SCHEDULE

It is obligatory that fees are paid strictly based on the payment schedule. Students are however encouraged to enter into agreement with the Finance.

Fees could be paid based on monthly basis starting with Tzs 300,000 per month.

Timing	Pharmacy/Clinical Medicine	Laboratory Assistant/Social Work	Business/BOA
At the Beginning of 1 st Semester (Reporting Date)	Tzs 700,000	Tzs 350,000	Tzs 300,000
Before Continuing Assessment 2 (January 01,2025)	Tzs 450,000	Tzs 210,000	Tzs 210,000
At the Beginning of Second Semester (April 01, 2025)	Tzs 700,000	Tzs 350,000	Tzs 300,000
Before Continuous Assessment 4 (June 01, 2025)	Tzs 450,000	Tzs 210,000	Tzs 210,000

PART 8: OTHER PAYMENTS

Item	Amount	Description	Timing
National Examination Fee	Tzs 150,000	All student of Clinical Medicine, Pharmacy , Social Work , Lab Assistant	May 30,2025
Local Examination Fee	Tzs 50,000	All programmes	In every semester

Pharmacy Practice/Field Work	Tzs 100,000	All Students with Pharmacy Practice Field	One (1) Month before commencement
Log Book for Compounding Practices	Tzs 15,000	Pharmaceutical Science Students	Semester II of Level 4&%
Field Work-Laboratory Assistant / BOA	Tzs 100,000	All Students with Field Attachment	One (1) Month before commencement
Field Work-Social Work	Tzs 100,000	All Students with Field Attachment	One (1) Month before commencement
Field Work- Procurement and Supply, Business Administration &Accountancy	Tzs 100,000	All Students with Field Attachment	One (1) Month before commencement
Supplementary Fee for Internal Exams	Tzs 50,000	Per Module	One (1) Month before commencement
Supplementary Fee for External Exams/National Examination	Tzs 100,000	Per Module	One (1) Month before commencement
Special Exams Fee	Tzs 20,000	Per Module	Two (2) Weeks before Commencement
Appeal	Tzs 50,000	Per Module	As per Exams guideline
Medical Capitation with NHIF	Tzs 50,400	All Students	Reporting date
Graduation	Tzs 70,000	Finalist	April 30,2025

PART 9: MODE OF PAYMENT²

- ✦ All payments are non-refundable
- ✦ The fee structure is annual, the management reserves the right to change the right to change the fees structure at the end of each academic year
- ✦ A Bank pay in slip should be submitted to Finance on reporting to the College before admission.
 - No student shall be accepted to the College without settling the first installment.
- ✦ **Account Number :0150498453500 Account Name: West Evan College – for fees**
- ✦ **Account Number: 0150498453501 Account Name: West Evan College – other charges use**
- ✦ Payment made by M-Pesa, Tigo Pesa and Airtel Money must be done upon obtaining control number

PART 10: COLLEGE UNIFORM³

Course	Male	Female
Business Courses/ Business Operations	Decent Office Dress	Decent Office Dress
	Black leather shoes (Open shoes/sandals are not allowed during class hours)	Flat Black Shoes (Open shoes/sandals are not allowed during class hours)
Pharmacy and Clinical Medicine Students	Two White Shirts with short sleeves	Two White Gowns with short sleeves (Decent one- below knees)
	Khaki colored 2 pairs of trousers (Cotton materials)	Flat Black Shoes (Open shoes/sandals are not allowed during class hours)

² All payments must be done one months before the happening of the event

³ College Uniforms must have a college logo; Uniforms must be purchased at the campus for (Tzs

70,000) per pair and clinical coat (Tzs 35,000) -all payment must be done through the official LIPA Number on arrival at the college

	Black leather shoes & white socks (Open shoes/sandals are not allowed during class hours)	
	White clinical coat/ lab coat	White clinical coat/Lab coat
Laboratory Assistants and Social Work students	Two White Shirts with long sleeves	Two White Gowns with short sleeves (Decent one- below knees)
	Dark Blue colored 2 pairs of trousers (Cotton materials)	Flat Black Shoes & white socks (Open shoes/sandals are not allowed during class hours)
	Black leather shoes & white socks (Open shoes/sandals are not allowed during class hours)	
	White clinical coat/ lab coat	White clinical coat/ lab coat

PART 11: REQUIREMENTS FOR BOARDING HOSTEL/CAFETERIA

1. Cafeteria and Canteen services

The College provides no food; however, the cafeteria is open for students at prescribed times to cater for students' meals need.

2. Residence facility

The College provides a room and a bed. Students are required to bring with them:

- ✦ The mattress (3 x 6)
- ✦ A blanket
- ✦ 4 bed sheets
- ✦ 1 pillow + 2 pillow cases
- ✦ 1 mosquito net
- ✦ 1 bucket
- ✦ Towels
- ✦ Open shoes/sandals and casual canvas shoes

Students are required to sign resident (hostel) rules and regulations, any violation of these rules and regulation will amount to students to be expelled from the facility. Students must pay for the **Tzs 20,000** to meet the cost of water that is paid for each **semester**. The hostel electricity bill is shared by all residents.

All inquiries and duly filled Applicant forms should be addressed to: -

Mr. Simon Ikumbo

Principal

STUDENT AND PARENTS’S DECLARATION ON INSTITUTE REGULATIONS AND BY-LAWS

I (Name of student) (Surname, Middle name, First name) of (Postal Address) DO HEREBY accept and promise to adhere to regulations and by-laws of the Institute as stipulated in this declaration form. I understand that any breaching of the regulations and by-laws stated therein will result in discontinuation and expulsion from the Institute. SIGNED AND DELIVERED this.....day of.... (month)(year)(Student’s Signature)

PASSPORTSIZE



I, (Name)
Parent/Guardian/Employer (Surname, Middle name, First name) of.....
(Name of Student) DO HEREBY confirm the acceptance of the above-mentioned student to follow and adhere to Institute regulations and by-laws as stipulated in this Declaration form. I understand that any breaching of any of the regulations and bylaws stated therein will result into discontinuation and expulsion of the student from the Institute. SIGNED AND DELIVERED this....day of.....(month).....(year)..... (Signature of Parent/Guardian/Employer) Tel. noEmail

All inquiries and duly filled Applicant forms should be addressed to: -

Simon Ikumbo
Principal

The Principal, West Evan College of Business and Health Sciences,
Prestige Silva Heritage Park, Block D Cheka,
Plot 90, P O Box 15805, Kigamboni, Dar Es Salaam
Cell: +755 168 817 or +255764222999
Email: info@wecobhas.as.ac.tz, Website: <http://ecohas.ac.tz>

**WELCOME TO THE CENTER OF EXCELLENCY
WEST EVAN COLLEGE OF HEALTH AND ALLIED SCIENCES**

MEDICAL EXAMINATION FORM

To be filled by a Medical Officer.

FULL NAME OF STUDENT.....

SEX: MALE/FEMALE.....

HB TEST:

STOOL:

URINE MICRO.....

T.B TEST.....

EYE EXAMINATION.....

E.N.T.....

CHEST.....

CHEST X-RAY.....

ABDOMEN.....

ADDITIONAL INFORMATION Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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I certify that I have examined the above Student and consider that he/she is physically/not physically fit for further studies.

NAME & SIGNATURE DESIGNATION & STAMP