



**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 2025/26 SEPTEMBER INTAKE**

(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)
3. Registration Fee is obtained from the Admission Office at Tzs 15,000 for Pharmacy and Tzs25,000 for other courses

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

PART 4: STUDENT INFORMATION (PLEASE FILL)

Student Full Name	
Student Phone Number	
Form 4 Index Number and year (S4110/0052/2022)	
Date of Birth	
Primary school	
Secondary school	

Parent/ Guardian Name	
Parent/ Guardian Phone Number	
Region	
District	

PART 5: COURSE REQUIREMENT

Clinical medicine	Pharmaceutical science	Laboratory Assistant
<ul style="list-style-type: none"> ✦ 1 Blood pressure machine ✦ Fetoscope ✦ 1 Stethoscope ✦ 1 Tape measure ✦ 1 Thermometer ✦ 1 Examination touch ✦ Patella harmer ✦ 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	Social Work	Businesses Courses
1	Tuition Fee	1,500,000	900,000	900,000
2	Other charges	600,000	500,000	400,000
Total		2,100,000	1,400,000	1,300,000

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	Social Work	Business Courses
At the Beginning of 1 st Semester	700,000	Tzs 400,000	Tzs 400,000
Before Continuing Assessment 2	350,000	Tzs 300,000	Tzs 250,000
At the Beginning of Second Semester	700,000	Tzs 400,000	Tzs 400,000
Before Continuous Assessment 4	350,000	Tzs 300,000	Tzs 250,000

PART 8: OTHER PAYMENTS

Item	Amount	Description
National/Annual/Final Examination	Tzs 150,000	All student of Clinical Medicine, Pharmacy and Social Work
Local Examination Fee Semester one	Tzs 50,000	All Students
Clinical Rotation - Clinical Medicine	Tzs 300,000	All Students per Clinical Rotation
Pharmacy Practice/Field Work	Tzs 100,000	All Students with Pharmacy Practice Field

Field Work-Social Work	Tzs 100,000	All Students with Field Attachment
Field Work- Procurement and Supply, Business Administration &Accountancy	Tzs 100,000	All Students with Field Attachment
Supplementary/Special Exams	Tzs 50,000	Per Module
Appeal	Tzs 50,000	Per Module
Medical Capitation with NHIF	Tzs 50,400	All Students, Paid directly to NHIF
Graduation	Tzs 70,000	Finalist

PART 9: MODE OF PAYMENT

- ✦ 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 instalment.
- ✦ **Account Number :0150498453500 Account Name: West Evan College – for fees**
- ✦ **Account Number: 0150498453501 Account Name: West Evan College – other charges use**
- ✦ **NMB Account Number :25510004188 Account Name: West Evan College – for fees**
- ✦ **NMB Account Number :25510004189 Account Name: West Evan College – for Exams**
- ✦ **NMB Account Number :25510004191 Account Name: West Evan College – for field**
- ✦ Payment made by M-Pesa, Tigo Pesa and Airtel Money must be done upon obtaining control number

PART 10: COLLEGE UNIFORM

Course	Male	Female
Business Courses	Decent Office Dress	Decent Office Dress
	Black leather shoes (Open shoes/sandals are not allowed)	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)
	Black leather shoes & white socks (Open shoes/sandals are not allowed)	
	White clinical coat/ lab coat	White clinical coat/Lab coat
Social Work students	Two White Shirts with long sleeves	Two White Gowns with short sleeves (Decent one- below knees)
	Black colored 2 pairs of trousers (Cotton materials)	Black colored 2 pairs of trousers (Cotton materials)
	Black leather shoes & white socks (Open shoes/sandals are not allowed during class hours)	Flat Black Shoes & white socks (Open shoes/sandals are not allowed during class hours)

White clinical coat/ lab coat	White clinical coat/ lab coat
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Note: *College Uniforms must have a college logo; Uniforms must be purchased at the campus for Tzs 60,000/= and 35,000 Lab coat to all students as stipulated above.*

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 installment. The hostel electricity bill is shared by all residents.

PART 12: 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: -

Christopher Msofe
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