



Paradigms Institute -Dar Es Salaam

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Paradigms Institute Dar es salaam



paradigms_institute_dsm



pshes_college

**REGISTERED AND ACCREDITED BY NACTVET
REG BMG 033**

**STUDENTS' APPLICATION/ADMISSION FORM
FOR SEPTEMBER INTAKE 2024/2025 ACADEMIC YEAR**

Attach three
passport size
photos

COLLEGE OF HEALTH SCIENCES (PCHS)

PROGRAMMES OFFERED:

- | | |
|-----------------------------------|--|
| 1. Pharmaceutical Sciences | 3. Medical Laboratory Sciences (Eligible for a government loan through HESLB) |
| 2. Clinical Medicine | 4. Environmental Health Sciences (Eligible for a government loan through HESLB) |

“BWENI NI BURE KWA WANAFUNZI WOTE”

PART A: INTRODUCTION

We are agents of the Tanzania Education Systems offering education services using various Curricula developed and regulated by NACTE.

MOTTO: “Excellence”

VISION: “To be the best, outstanding and competent institution in the production of highly trained Professional in health, technology and business industry.”

MISSION: Paradigms Institute contributes to global development through production of highly competent individuals who have been brought up from experienced, committed and dynamic professionals.

WHO ARE WE

Paradigms Institute Limited which owns Paradigms Institute – Dar es Salaam (Registered and accredited By NACTE) is a limited company registered in Tanzania by BRELA. We are customer focused company which offers HIGH QUALITY education.

WHERE ARE WE

The college is located at Mringo Road, Mavurunza Sub-division, Kimara ward, Ubungo District in Dar es Salaam. The College is situated 20km from Dar Es Salaam City Centre, 3.5 km off Morogoro Road from Kimara Mwisho.

DIRECTIONS

Ask for Bonyokwa bus stand. Board “Daladalas” or “Bajaji” heading to Bonyokwa “kwa Mringo” and you alight at “Kwa Mringo.” Use the same route for Private transport too.

Kimara Suka Route

Ask for Golani bus stand. Board “Daladalas” or “Bajaji” heading to “Golani kijiweni Centre” and you alight at “Golan Kijiweni centre. The college is located in a few metres away from the Centre.”

PART B: EDUCATION DETAILS

SECTION A: MINIMUM ENTRY QUALIFICATIONS FOR ALL COURSES

PROGRAMME APPLYING	ENTRY QUALIFICATIONS	AWARDS:
Pharmaceutical Sciences	Ds in Chemistry , Biology & any 2D'Sin any subject	Certificate and Diploma
Clinical Medicine	Ds in Physics, Chemistry, Biology & 1 in Any Subject	Certificate and Diploma
Medical Laboratory Sciences	4Ds in Chemistry, Biology, English, Physics / Engineering science / Math	Certificate and Diploma
Environmental health Sciences	Ds in Physics, Chemistry ,Biology &1 in Any Subject	Certificate and Diploma

SECTION B: EDUCATION DETAILS

- a). List all academic qualifications that you have achieved at “O” level grades or equivalent.
- b). Original Copies of all relevant final transcripts must be brought for verification during registration.
- c). Your qualifications must demonstrate eligibility for the course.

Please fill in your academic qualifications in the table Below in CAPITAL letters.

Qualification	From	To	School / College / University name	Registration Number
FORM 4				
NTA Level 4				
NTA Level 5				

SECTION C: PROGRAMME APPLIED FOR

Intake for 2024/2025 September Intake	Programme applying for both Certificate and diploma	Put a Tick
	a) Pharmaceutical Sciences	
	b) Clinical Medicine	
	c) Environmental Health Sciences	
	d) Medical Laboratory Sciences	

PART C: FEES AND OTHER PAYMENTS

TABLE 1: FEE STRUCTURE

PROGRAMME		TUITION FEES (T.SH)
(I)	Pharmaceutical Sciences	1,600,000.00
(II)	Clinical Medicine	1,600,000.00
(III)	Medical Laboratory Technology	1,600,000.00
(IV)	Environmental Health Sciences	1,600,000.00

TABLE 2: OPERATIONAL COSTS

DESCRIPTION	AMOUNT (TSH)
(I) Admission fee	50,000.00
(II) Identity Card (paid every academic year)	10,000.00
(III) School Uniform (paid Once)	100,000.00
(IV) Students Union (paid every academic year)	10,000.00
(V) Stationery	100,000.00
Total	270,000.00

TABLE 3: PRACTICAL AND FIELD COSTS (paid in two equal installments)

DESCRIPTION	AMOUNT (TSH)
Practical and Field costs - Paid 150,000.00 Every semester	300,000.00
Practical and Field costs for NTA level 6 to be 200,000 x 2	400,000.00

TABLE 4: OTHER COMPULSORY COSTS (Paid directly to the authorities)

	DESCRIPTION	AMOUNT (TSH)
(I)	NACTE quality assurance fee	22,000.00
(II)	Verification fee (NACTE)	16,000.00
(III)	Medical Insurance to only those without Medical Insurance Card (paid every academic year)	60,000.00
	Total	98,000.00

TABLE 5: OPTIONAL COSTS

	DESCRIPTION	AMOUNT (TSH)
Accommodation	FREE	0.00
Meals	Paid in Four Installments (250,000 ×4)	1,000,000.00

TABLE 6: EXAMINATION PAYMENTS

1	Internal Examination (Paid in two Equal Instalment 125,000/= X 2)	250,000/=
2	End of semester ii Examination payments (The amount and mode of payments is always provided by MOH)	150,000/=

TABLE 7: PAYMENT SCHEDULES

1 st INSTALLMENT	2 nd INSTALLMENT	3 rd INSTALLMENT	4 th INSTALLEMNT
1 st SEPTEMBER	2 nd JANUARY	1 st APRIL	1 st JUNE

MODE OF PAYMENTS

The fees are payable in full/or in four installments at the beginning of each academic year / semester. No one will be accepted to the college prior payment of quarter of the amount; and if accepted by any means, no one will be allowed into examinations rooms unless she/he has cleared all dues.

All payments should be made directly to our bank (**Account No. 0150518812000**), at any branch of **CRDB BANK PLC, with Account Name: Paradigms Institute Ltd**
Bring the bank pay in slips to the college.

Please take note that; money paid is NON- REFUNDABLE.

PART D: STUDENT INFORMATION**TABLE 1: PERSONAL PARTICULARS / INFORMATION**

First Name													
Second Name													
Surname													
Date of birth							Nationality:						
Sex	Male <input type="checkbox"/>	Marital Status					Single <input type="checkbox"/>						
	Female <input type="checkbox"/>						Married <input type="checkbox"/>						
NIDA NUMBER													

Permanent Home Address:		Next of Kin Address:	
Country		Full Name:	
City			
Post code		Relationship	
Telephone no.		Phone Number	
Email (Please write your e-mail address clearly)			

TABLE 2 . FINANCING

Please show how you will finance your studies

Family/ Employer / Loan / Saving / Other:	
Parents / Guardians	Job Title
Telephone No	Place of work
Address	Office Telephone
E-mail	

REGISTRATION/MANDATORY REQUIREMENTS

On registration please make sure you have the following documents: -

1. This application form (mandatory).
2. Original Bank pay in Slips on reporting date.
3. Copy of Latest academic transcripts and certificates.
4. Three passport-size photos: Attach one to the front page of this application form.
5. Dully filled and signed form of medical examination (Appendix ii).
6. Signed form of College Rules and Examination Regulations. (Appendix i).
7. Submit a copy of medical insurance card. Failure of which you will be required to pay non-refundable medical insurance fees.
8. Copy of NIDA Identification Card.

SPONSOR DECLARATION

Sponsor Declaration: I have read, understood and agreed on all rules, regulations and responsibilities and hereby agree to finance the above-named applicant in his /her studies at Paradigms Institute Dar es Salaam, and shall provide funds for tuition fees, meals and accommodation expenses as per the signed contract as and when required.

Signed:..... Name:..... Date:.....

FOR OFFICIAL USE ONLY ADMISSION APPROVAL

Paradigms Institute Dar es Salaam has approved you to be admitted for

- (i) Basic Technician Certificate (NTA LEVEL 4) (ii) Technicians Certificate (NTA LEVEL 5)
 (iii) Ordinary Diploma (NTA LEVEL 6) (iv) Diploma Upgrading (NTA LEVEL 6)

Classes will be commencing on _____ Day of _____ Year _____

Admission Officer

Quality Assurance Officer

Date of approval

Principal's Signature

Principal's Stamp

PART E: HOSTEL REQUIREMENTS AND RULES FORM

Personal Information:

- Full Name: _____
- Student ID: _____
- Course of Study: _____
- Contact Number: _____
- Email Address: _____

Hostel Requirements:

1. **Social Services (Electricity, cleanliness, security, water) 50,000/= per quarter.**
2. **Mattress Or 50,000/=**
3. **Mosquito net**
4. **Trunk or bag for storing clothes**
5. **Mattress cover (to prevent dirt and dust)**
6. **Washing buckets**

Hostel Rules and Regulations:

1. **General Conduct:**
 - Maintain respect and consideration for all hostel residents.
 - Noise levels should be kept to a minimum, especially after 10 PM.
2. **Room Maintenance:**
 - Keep your room clean and tidy at all times.
 - Report any damages or maintenance issues immediately to the hostel warden.
3. **Visitor Policy:**
 - Visitors are allowed only during designated visiting hours.
 - Overnight stays by visitors are strictly prohibited.
4. **Prohibited Items:**
 - Alcohol, drugs, and any illegal substances are strictly forbidden.
 - Cooking appliances, heaters, and other high-wattage electrical appliances are not allowed.
5. **Curfew:**
 - All residents must be inside the hostel by 10 PM.
 - Late-night entry and exit are not permitted unless prior approval is obtained from the hostel warden.
6. **Disciplinary Actions:**
 - Violations of hostel rules will result in disciplinary actions, including fines or expulsion from the hostel.

Declaration: I have read and understood the hostel requirements and rules. I agree to abide by them during my stay in the hostel.

Signature: _____ Date: _____



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JOINNING INSTRUCTIONS

MEDICAL EXAMINATION FORM (TO BE FILLED BY ALL APPLICANTS)

Before finalizing the admission processes for registration, please visit any Reputable and Registered Health Facility for medical examination and make sure that the attached form for medical examination (Appendix ii) is dully filled OR You may do all required examinations at our College Hospital at a charge of 10,000 TZS.

EXAMINATION DETAILS

SURNAME _____ OTHER NAMES _____

AGE _____ SEX _____ MARITAL STATUS _____

CITIZENSHIP _____

Is the examinee suffering from any of the following? Indicate **Yes or No**.

1. Tuberculosis _____

2. Pneumonia _____

3. Pleurisy _____

4. Asthma _____

5. Rheumatic Fever _____

6. Allergy disorder _____

7. Heart Disease _____

8. Gastric or duodenal _____

9. Recurrent indigestion _____

10. Jaundice _____

11. Dysentery _____

12. Varicose Veins _____

13. Kidney or urinary disease _____

14. Diabetes _____

15. Epilepsy _____

16. Deformity _____

17. Psychotic _____

18. Eye disorder _____

19. Ear, Nose or Throat disorder _____

20. Skin disease _____

21. Anemia _____
22. Gynecological disorder _____
23. Malaria other tropical disease _____
24. Cholera _____
25. Major or minor operations _____
26. Serious accidents _____
27. Any other serious disorder _____

1. Height _____
2. Weight _____
3. Skin disease _____
4. Eye Conjunctivae Pupils _____
- Vision Right _____
- Left _____
5. Please state condition of Ears (if any discharge) _____
- Mouth and throat _____
- Nose _____
6. Any Abnormality _____
7. Cardiovascular System _____
- Blood Pressure: Systolic _____ Diastolic _____
- Heart: Any Murmur? _____ Arteries and Veins _____
8. Abdomen _____ Hernia _____
- Hydrocele _____
- Masses _____
- Liver _____
1. Kidneys _____
- Rectal _____
- Any Clinical evidence of hyperacidity or gastric duodenal ulcer? _____
1. Urine _____ Albumin _____
- Sugar _____ Bilharzia _____
2. Stool: Special emphasis on Hookworm or Bilharzia.
3. Blood examination: Hb Level _____
- (a) Neutrophils _____
- (b) Eusinophils _____
- (c) Bisophils _____
- (d) Lymphocytes _____
- (e) Monooytes _____
- (f) ESR _____
4. X - ray examination - Chest _____
5. Scrology: Widal test _____ VDRL _____
6. Pregnancy Test _____

I have examined Mr/Mrs/Miss/Sr/Br/Fr _____

Date _____ Signature Name _____

Address _____