



MBALIZI INSTITUTE OF HEALTH SCIENCES, SUNRISE CAMPUS

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Email:

mihssunrise2020@gmail.com



Ref: .NO: MIHSS/OCT/023

Date.....

Dear applicant: _____

REF: ADMISSION AND REGISTRATION FOR DIPLOMA IN PHARMACEUTICAL SCIENCES PROGRAM AT MBALIZI INSTITUTE OF HEALTH SCIENCES, SUNRISE CAMPUS IN ACADEMIC YEAR 2023/2024 OCTOBER.

I am glad to inform you that you have been selected to join our Institution Mbalizi Institute of Health Sciences, Sunrise Campus (MIHSS) for **Diploma in Pharmaceutical Sciences** in academic year **2023/2024**. Mbalizi Institute of Health Sciences, Sunrise Campus (MIHSS) is a Faith Base Organization (FBO) fully registered by NACTE with Reg. No. REG/HAS /216 with full registration.

It is found in Songwe Region 45km East from Vwawa -Mbozi District, located in Nanyala area, Iyula Ward, Nanyala Division via Tunduma Road. (Near Songwe Viwandani Area)

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, original certificate of ordinary education examination.
- ii. **You must** Submit all receipts of payment of application fee, tuition fee and other contributions to Accountant 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 from **09th OCTOBER 2023** reporting time **8:00am – 04:00pm**. 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.

Your sincerely,

Felix Mbaga

PRINCIPAL



FEEES AND CONTRIBUTIONS FOR PHARMACEUTICAL SCIENCES.Tuition Fees Per Year: **1,500,000/=****MODE OF PAYMENT FOR TUITION FEE.**

DESCRIPTION	PERIOD/MONTHS	2 ND YEAR
1 ST INSTALLMENT	9 TH OCTOBER 2023	375,000/=
2 ND INSTALLMENT	01 RD JANUARY 2024	375,000/=
3 RD INSTALLMENT	31 ST MARCH 2024	375,000/=
4 TH INSTALLMENT	01 ST JUNE 2024	375,000/=

Account name: MIHS SUNRISE CAMPUS, Account No.: 62510036977 NMB**OTHER CONTRIBUTIONS**

S/N	DESCRIPTION	AMOUNT
		2 ND YEAR
1.	Internal examinations	150,000/=
2.	National examination fees	150,000/=
3.	Hospital and Community pharmacy field work and research (for supervision only)	150,000/=
4.	Hostel (2 nd year & 3 rd Year Optional)	200,000/=
5.	Quality Assurance Fee	15,000/=
6.	Health insurance (NHIF)	50,400/=
7.	CSSC	5,000/=
8.	LOG/Procedure book	15,000=
9.	ID Card	-
10.	Uniform	-
11.	Graduation	-
12.	T-shirts	-
Total		735,400/=

MODE OF PAYMENT FOR CONTRIBUTIONS

	2 nd year
1 st installment reporting date 09TH OCTOBER 2023	460,400/=
2 nd installment 1ST JANUARY 2024	275,000/=

Account name: MIHS-SUNRISE CAMPUS, Account No.: 0150773760100 CRDB

OTHER REQUIREMENTS

- **Tsh. 20,000/-** Sports for student organization to be paid every year by each student should be paid through the following account
0133777222500 – Sunrise Campus student organization CRDB BANK
- Black Leather Shoes. (Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas),
- One box of Examination Gloves for hygienic pharmaceutical practical sessions.
- Three rims (Every year)
- Two bedsheets (light blue and pink) for hostel students
- Blanket and mosquito net for hostel students
- One bucket for bathing for hostel students
- One Mopper or One Hard Bloom for cleanliness
- Sweater (White colour) round collar
- Socks (white for girls, black for boys).
- Four current passport size with blue background.
- scientific calculator
- First year students selected for Pharmaceutical sciences course must come with a reference book for pharmaceutical practicals known as **TANZANIA PHARMACEUTICAL HANDBOOK (TPH)**. The book is available at Muhimbili College of health Sciences at the price of **50,000/-**. For purchases call **0654408562**. if you face any challenge you are recommended to come with the mentioned fee., the institution will make all the arrangement.

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 has cafeteria where students are served meals at affordable costs starting from 1500/= to 2000/= per meal, cost for student's meal 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 end of semester one and national examinations for second semester, there will be an extra charge of **Tshs 100,000/= each**.
5. 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/=**.

6. Community field work, Research and Mental Health contributions are paid for supervision only. **Do not** involve Accommodation and Transport.
7. **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.**
8. The bank original pay-in-slip should be submitted to the institute accountant or cashier for receipt/acknowledgement.

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: _____

CERTIFICATION OF APPLICANT

I certify that the above information is true and complete to the best of my knowledge. I am fully aware than 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: _____

Felix Mbaga



PRINCIPAL

