



THE UNITED REPUBLIC OF TANZANIA

**BENJAMIN MKAPA INSTITUTE OF HEALTH AND ALLIED SCIENCES
(BMIHAS)**

JOINING INSTRUCTION FORM

First Name **Middle:** **Surname**.....

Congratulations, you have been selected to join Diploma in Diagnostic Radiography (DDR) course at Benjamin Mkapa Institute of Health and Allied Sciences. This programme will start on **16th October, 2023** Therefore you are suppose to report to the Benjamin Mkapa Institute of Health and Allied Science which is located within Benjamin Mkapa Hospital – Dodoma, on **15th October, 2023** from 8:00 AM – 3:00 PM.

You must adhere to all the requirements as stipulated below:

Part one

The total amount to be paid per year is **TSH 2,775,400.00/=** for tuition fees, accomodation, uniforms and other requirements.

All payments should made through **CONTROL NUMBER** given from the Institute by using the following contacts; **0759240222** or **0744345509**. This amount can be paid in three (3) installments as stipulated on fee structure (Page 2).

Part Two:

FEE STRUCTURE FOR DIPLOMA IN DIAGNOSTIC RADIOGRAPHY NTA LEVEL 4

| No. | Item | Instalment one (October, 2023) | Instalment two (January, 2024) | Instalment three (April, 2024) |
|-----|---------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1. | Application Fee | 30,000.00 | - | - |
| 2. | Registration Fee | 20,000.00 | - | - |
| 3. | Identity Card | 20,000.00 | - | - |
| 4. | Tuition Fee | 500,000.00 | 600,000.00 | 500,000.00 |
| 5. | Local Examination Fee | - | 100,000.00 | - |
| 6. | Health insurance (NHIF) | 50,400.00 | - | - |
| 7. | Accommodation Fee | 500,000.00 | - | - |
| 8. | Uniform | 200,000.00 | - | - |
| 9. | Caution Money | - | 20,000.00 | - |
| 10. | Logbook (Practical books) | - | 50,000.00 | - |
| 11. | Sports | - | 20,000.00 | - |
| 12. | NACTE Quality Assurance | - | - | 15,000.00 |
| 13. | NACTE Examination | - | - | 150,000.00 |
| | | 1,320,400.00 | 790,000.00 | 665,000.00 |

Part Three

COMPULSORY ITEMS FOR EACH STUDENT

a) Official items students must have;

1. A Certified copy of Secondary Education Certificate.
2. Two (2) Passport size photos.
3. A Certified copy of birth Certificate.
4. Laptop.

b) Basic Items students must have;

1. Blanket 1
2. Bedsheets 2
3. Bucket 2
4. Treated Mosquito net 1
5. Other items for personal upkeep

NOTE:

1. You should have your pocket money/ subsistence allowance for each semester.
2. The Institute will provide you with hostel (a place to stay) after payments are made.
3. Each student will be responsible to buy their daily meals.
4. You must do medical check up and fill the attached medical form before reporting to the BMIHAS.
5. All students must have payment receipts on the day of reporting to the BMIHAS.





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BENJAMIN MKAPA INSTITUTE OF HEALTH AND ALLIED SCIENCES (BMIHAS)

MEDICAL EXAMINATION FORM:

First name-----Other names ----- AGE----- SEX-----

Marital Status----- Citizenship-----

PERSONAL HISTORY:

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

Kidney or Urinary Disease-----

Epilepsy----- Psychosis-----

Sickle Cell Disease-----

Allergic Disorder----- (Mention Allergen) -----

Gastric or Duodenal Ulcer----- Jaundice-----

Varicose Veins----- Diabetes-----

Deformity----- Eye Disorder-----

Skin Disease----- Gynecological Disorder-----

Major Trauma----- Tuberculosis-----

Pleurisy----- Rheumatic Fever-----

Heart Disease----- Recurrent Indigestion-----

Ear, Nose or Throat Disorder----- Chronic Anemia-----

Major or Minor Operations-----

Any other Serious Disorder-----History of TB Contact-----

PHYSICAL EXAMINATION

Height----- (Cm) Weight----- (Kg)

Ears (Any Discharge) ----- Nose-----

Cardiovascular BP----- (mmHg) HR----- Regular Any Murmurs-----

Respiratory: Wheezing----- Breath sounds----- RR-----

Abdomen----- Hernia----- Masses----- Liver-----

Kidneys----- Spleen-----

LABORATORY RESULTS

Urinalysis: Sugar----- Blood----- Protein-----
Blood: FBP-HB----- WBC -----
Neutrophils----- Esinophils----- Basophils-----
Lymphocytes----- Monocytes----- Platelets-----
Chest X-ray: (If Indicates) ----- ECG-----
ECHO (If indicated) -----

CONCLUSION:

I have examined Mr/Mrs/Miss/Sr/Br/Fr/Dr-----
And considered that she/He is not physically and mentally fit to be admitted for further studies.

Name----- Signature----- Date-----
Title----- Qualifications-----
Address/Institution----- Official Stamp-----

