



Please complete this form carefully and fully. The personal information collected on this form is required to determine your eligibility for admission and will be used to contact you, regarding College programs and services. It will form part of your record as an applicant, student and a member of the Nobo College of Pharmacy (NCP) Alumni.

TICK THE APPLICATION LEVEL AS SHOWN BELOW [√]

NEW ENROLLMENT IN NTA PROGRAMMES []

UPGRADING []

Affix your passport size photo here using a stapler
(Write your name at the back of the photo)

CHECKLIST

Quick instructions

- This application form is available and can be downloaded from the college website . www.nobocollege.ac.tz
- Read all the instructions carefully, complete the form using BLOCK LETTERS and sign it. Write in blue or black ink.
- Fill this form only if you have at least four “Ds” or above at O-level results (2 of which must be in science subjects(Chemistry and Biology) and any other two in any subject with exception to religious one)
- Submit the application form, attachments and Bank pay in slip (a Tsh 30000 Receipt) either in person or via email as scanned documents. (info@nobocollege.ac.tz or nobofam@gmail.com or via Postal address (EMS)
- All payments shall be paid directly to **Nobo College of Pharmacy account No 61410027146 NMB**. Bring original pay in slip to the college.
- Applicants with foreign awards or certificates, must bring NACTVETs' or NECTAs' equivalents to their awards. .

Attachments

- Birth Certificate.
- Certificate of Secondary Education Examination (O level)
- Advanced Certificate of Secondary Education Examination (A level)
- Certificates and Transcripts for Basic Technician/ Technician Certificate in Pharmaceutical Sciences.

1. Personal Details:

First Name

Middle Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender:

F M

<input type="checkbox"/>	<input type="checkbox"/>
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Date of birth:

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Nationality:**Region/City of Residence****District:****Country of Residence****Telephone:****Email address:****Any disability/special need?:**

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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(Specify if any) Special needs/Disability or medical condition:**2. First close relative (next of kin) Details**

First Name

Middle Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship:**Region/ City of Residence****Telephone:****Email address:****Postal address:****Fax:****Second close relative(next of a kin):**

First Name

Middle Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship:**Region/ City of Residence****Telephone:****Email address:****Postal address:****Fax:****3. Programmes offered (Please select the relevant programme by ticking)****A: Technician Certificate Programmes**

No

Course title

Duration

CHOICE Preference (select by ticking) <input checked="" type="checkbox"/>

1.	Basic Technician Certificate in Pharmaceutical Sciences -NTA Level 4
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1 year

<input type="checkbox"/>

2.	Technician Certificate in Pharmaceutical Sciences -NTA Level 5	2 years	<input type="checkbox"/>
B: Diploma Programmes			CHOICE Preference (select by ticking)
No	Course title	Duration	
3.	Ordinary Diploma in Pharmaceutical Sciences -NTA Level 6	3 years	<input type="checkbox"/>
4	Ordinary Diploma in Pharmaceutical Sciences- NTA level 6 (UPGRADING)	1 year	<input type="checkbox"/>

4: Educational details

List the grades attained in Certificate of Secondary Education Examination (CSEE)

Subject	Grade	Date	Index. No	Name of School
Chemistry				
Biology				
Physics/Engineering science				

Name of your former Primary School

List all the academic qualifications achieved . Copies for all relevant final certificates or transcripts must be attached with this application.

Qualification	From (Date)	To (Date)	Name of school/College	Grades/GPA

5: Pending results

List any pending results .

Qualification/Course	Exam date	Name of school/College

6: Employment details

Please provide details of position held in the past.

Employer name	Employer address	Position held	From (Date)	To (Date)

7: Finances

Indicate how you intend to finance your studies and living expenses in the college.

How are you going to finance your studies at NCP (tick appropriate)

Family	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Loan	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Others	<input type="checkbox"/>
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Parent/Guardian/Sponsor

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship:	Region/City:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	Post address:	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

8: Fee/contribution payment breakdown.

Fee structure for 2019/2020

All payments shall be paid directly to **Nobo College of Pharmacy account No 61410027146 NMB**.
Bring original pay in slip to the college.

FEE STRUCTURE PAYABLE IN FOUR (4) INSTALLMENTS.				
	Payable in TSh (/=) for Tanzanian Studen			Payable in USD (\$) for foreign students
	First Year	Second Year	Third year	
Tuition fee	1,700,000/=	1,700,000/=	1,700,000/=	
Application fee	30,000/=			
Registration fee	20,000/=			
NACTE quality assurance fee	15,000/=			
Examination fee	300,000/=	300,000/=	300,000/=	
Medical fee *Only applicable For those who don't have any health insurance	50,400/=	50,400/=	50,400/=	
Research /field practice fee	200,000/=	200,000/=	200,000/=	
Caution money	10,000/=	10,000/=	10,000/=	
Students union fee	30,000/=	30,000/=	30,000/=	
Uniforms	127,000/=			

Identity card	15,000/=			
Graduation fee	50,000/=			
TOTAL	2,547,400/=	2,355,400/=	2,355,400/=	\$ 1500
Accommodation (Hostel) ANNUALY *Optional	460,000/= *Optional	460,000/= *Optional	460,000/= *Optional	\$ 200

FEES PAYMENT BREAKDOWN INTO FOUR (4) INSTALLMENTS.

PAYMENT DESCRIPTION	FIRST SEMESTER		SECOND SEMESTER	
	First installment Before 15 th Oct 2022	Second installment Before 15 th Dec 2022	Third installment Before 4 th March 2023	Fourth installment Before 30 th May 2023
Fees (per year) payable in four installment s	997,400/=	450,000/=	650,000/=	450,000/=
Accommodation *Optional	230,000/=		230,000/=	

***Optional:-** Student may choose to use College hostel /accommodation services or stay off campus.

NOTE: All payments made to the college account are non-refundable, Please make proper decisions before any payment. payments must be channeled through the College bank account. No services will be accessed by any student unless payment of installment package has been made.

9: Accommodation.

If you opt to be provided with hostel services please select by ticking below:

Hostel services	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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All residents' students are required to sign an accommodation agreement/contract before being allocated to the room. During reporting time, student will be required to have the following items :

i	1 pair of pillow cases	iii	1 mosquito net	v	1 towel and slippers
ii	1 bucket	iv	Other items as one deems	vi	

Note:

Once a student opts for college hostel services, he/she shall not change the status till the end of semester.

10: College uniform.

College uniforms

	FEMALE		MALE
1	T shirt	1	T shirt
2	2 gowns	2	2 pairs of Trousers and shirts
3	1 Clinical coat	3	Clinical coat
4	Reusable mask	4	Reusable mask
5	Clinical hair cover	5	Clinical hair cover

11: Documents required. (Bring with you during reporting time)

i	This application form (mandatory)	iv	Banks deposits slips.
ii	Academic certificates (certified copies)	v	Birth Certificates

Note: Students are required to bring certified copy of certificates on registration day

12: How did you hear about us? (tick appropriate)

Flier	<input type="checkbox"/>	Advert in Newspaper/Posted Sticker	<input type="checkbox"/>	Social media	<input type="checkbox"/>	Website	<input type="checkbox"/>	Education/ Trade fair	<input type="checkbox"/>
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Individuals/ Friends' Recommendations	<input type="checkbox"/>	Mass Media (TV/Radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13: Terms and Conditions.

1. I am responsible for familiarizing myself with and abiding to all Nobo College of Pharmacy policies, rules and regulations as listed in the admissions.
2. I agree to meet all assessment tests, assignments and examination requirements as stipulated by the college.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is minimum of 90% throughout the duration of the course. I understand that if classroom attendance is not maintained at the minimum level then, after warnings, I can be expelled from the college and my parents/guardian; sponsor will be informed in writing.
4. The college management have the right to change fee structure at the end of each academic year
5. No refund will be given for any payment made.
6. No student will be permitted to take either internal or external examination and accessing college services before his/her fees balances are paid in full in every installment package.
7. In agreeing to abide by this declaration I undertake to pay all fees as they become due and to meet any late fees and collection charges.

I agree to meet my financial obligations to the College in full and by the due date provided to me detailed in my payment plan. I understand that I will not be permitted to enroll, sit for exams graduate if I fail to do so.

Declaration

I, _____ hereby state that the information I have provided to the college is true and factual and that no information which would have a material bearing on this application has been withheld. I understand that the College will take action if it considers appropriate if subsequently it is found that part or all information is false. I also accept and I promise to abide to the above mentioned terms and conditions in section 13.

Signature _____

Date _____