

TUMAINI JIPYA



MEDICAL TRAINING COLLEGE

Reg No 144

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TANZANIA

Website: www.tumainijipyacollege.ac.tz

ADMISSION FORM FOR THE ACADEMIC YEAR 2023/2024.

Dear.....

RE: ADMISSION TO TUMAINI JIPYA MEDICAL TRAINING COLLEGE.

I am glad to inform you that, having met the entry qualifications for Diploma in Clinical Medicine which is offered by this college, then you have been selected to join the programme in the **2023/2024** academic year commencing on **03/October/2023**.

However, in order to secure a place in the programme you have to fulfill the following conditions:-

INSTRUCTIONS;

1. Ensure that you present yourself at the principal's office to register formally for the course you are selected, after payment of the required school fees and other charges.
2. Please bear in mind that this is provisional offer made on the basis of qualification of the statement of your academic qualification as you will present on reporting and those qualifications are subject to the satisfactory verification at the time of your registration and later by NACTE and NECTA.
3. **General requirements**
 - The reporting date to the college is **3/October /2023**.

NB: You are required to register to the college within **1 weeks** of the start of the college calendar, after which effective learning shall commence.

- When at TJMTC report at the principal's office with the following:
 1. Admission letter to TJMTC.
 2. Dully filled medical examination form.
 3. Original certificates of secondary education
 4. Birth certificate/affidavit.
 5. Four (4) coloured passport photographs.
 6. Bank pay –in slip for fees and other charges.

WARNING: It is criminal offence to submit false information/certificates.

- Reporting time at the college is from **8:00AM-6:00 PM**
- During registration you will be required to sign in the rules and regulations governing the schools.

4. Requirements for boarding/hostel students

1. 1 Heavy blanket
2. 2 bed sheets (pink in colour)
3. 1 pillow and 2 pillow cases
4. 1 mosquito net
5. 1 matrices 4x6
6. 1 plastic bucket

NOTE;

Payment for meals is 720,000/= per year for those who wish, but it is optional.

5. Uniforms for medical students 1. 2 pairs of white socks all students.

2. Black shoes

NB: open shoes /sandals and canvas are not allowed in classes.

NB: Dresses, trousers and clinical coats will be bought at the college at Tshs.200 , 000/ =

1. 2 pairs of white socks for both male and female students
2. Black shoes.

NB: open shoes /sandals and canvas are not allowed in classes.

3. Own Stationary requirements for all students: Blue and black ball pens, ruler, pencils, 5 Counter Books.

- ❖ **A student is required to come with two rim paper, one should be submit to academic office and one for his/her own use.**

4. Mode of payment of fees and other charges.

You will be required to pay school fees to the college for the **academic year 2023/2024** through any of the mentioned college bank accounts.

The school fees will be paid into four installments as indicated in the table.

School fees shall be paid through:

NAME OF ACCOUNT: TUMAINI JIPYA MEDICAL TRAINING COLLEGE.

BANK: CRDB- MAFINGA BRANCH-IRINGA.

ACCOUNT NO: 0150492419701.

International students or guideans should pay through CRDB bank that works internationally. For international payments the sum is USD 1500 for both school fees and boarding fees.

Fees structure;

FIRST YEAR CLINICAL MEDICINE STUDENTS (SEMESTER I&II)

SN	ITEMS	1 ST OCTOBER	2 ND JANUARY	3 RD APRIL	TOTAL
1	Tuition fees	500,000	200,000	400,000	1,100,000
2	Practicum & procedure	15000			15000
3	Identity card	10000			10000
4	Student union	5000			5000
5	Quality assurance	15000			15000
	Total	545,000/=	200,000/=	400,000/=	1,145,000/=

SECOND YEAR CLINICAL MEDICINE STUDENTS (SEMESTER I & II)

SN	ITEMS	1 ST OCTOBER	2 ND JANUARY	3 RD APRIL	TOTAL
1	Tuition fees	600,000	200,000	400,000	1,200,000
2	Practicum & procedure	15000			15000
3	Quality assurance	15000			15000
	Total	630,000	200,000	400,000	1,230,000

THIRD YEAR CLINICAL MEDICINE STUDENTS (SEMESTER I & II)

SN	ITEMS	1 ST NOVEMBER	2 ND JANUARY	3 RD JUNE	TOTAL
1	Tuition fees	500,000	200,000	500,000	1,200,000
2	Practicum & Procedure	15000			
3	Local examination	50000			
4	Stationary	20000			
5	Quality assurance	15000			

6	Research				
	Total	600,000/=	200,000/=	500,000/=	1,300,000/=

OTHER CHARGES.

	OTHER CHARGES	AMOUNT
1	Field ,3 TH YEAR	150,000
2	Field ,2 ND YEAR	100,000
3	National Examination fee	150,000
4	Health insurance for those who do not have	60,000
5	Uniforms	200,000
6	HOSTEL	120,000

A student is required to come with two rim paper, one should be submit to academic office and one for his/her own use.

For any concern please communicate with Principal office by **0756916610**

NB:

- 1. There will be penalty charges of 50,000 TSH for two weeks delay of fees payments after the commencement of a semester.***
- 2. Supplementary for local examinations will be charged sums of Tsh 30,000 for continuous assessment tests and 50,000 for end of semester examinations supplimentanies for national exams will be changed half of the total semester fees.***
- 3. College fee should be deposited in College account before reporting otherwise your chance will be given to a reserved candidate.***

I once again congratulate you for being admitted to TUMAINI JIPYA MEDICAL TRAINING COLLEGE.

On behalf of the management, I wish to extend to you a warm welcome and wish you a successful period of study at TUMAINI JIPYA MEDICAL TRAINING COLLEGE.

You are welcome!



DR.PAUL NYEHO

PRINCIPAL

TUMAINI JIPYA MEDICAL TRAINING COLLEGE

TUMAINI JIPYA MEDICAL TRAINING COLLEGE (TJMTC)

P.O.BOX 166, MAFINGA – IRINGA – TANZANIA

TEL: + TELEPHONE: 2552622772508, FAX: 2622772508, Hotline principle: 0756916610

MEDICAL EXAMINATION FORM.

This form consists of section A to be completed by the applicant by the applicant and section B to be complete by a register medical Officer or doctor. The complete form must be submitted along with all the other application materials.

SECTION A

PLEASE WRITE IN BLOCK LETTERS **1. PERSONAL INFORMATION.**

FULL NAME	FIRST	MIDDLE	LAST
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DATE OF BIRTH

MARITAL STATUS CERTIFICA TE PROGRAM

TO BE COMPLETED BY THE APPLICANT.

SECTION B

TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTORY

II. VARIOUS TESTS

CARDIO – RESPIRATORY SYSYTEM

(CHEST X RAY FILM & REPORT ARE NEEDED)

LUNG FIELDSBREAST LUMPS.....

HEART SIZE HEART SOUNDS.....

GENERAL APPEARANCE

HEIGHT WEIGHT.....

BLOOD PRESSURE..... PULSE RATE.....

LYMPHNODE PALPABLE.....

ABDOMINAL EXAMINATION

ABDOMINAL U.S.S. REPORT IS NEEDED IF MASS DETECTED

FILIMS IS NEEDED

CONTOUR: SUNKEN/NORMAL / DISTERNDED

SKIN SCAR.....

UMBLICUSHERNIA.....

EARS:

RT HEARINGDRUM

MEMBRANE

LT HEARINGDRUM MEMBRANE.....

EYES:

RT VA:.....SQUINT.....

LT VASQUINT.....

MUSCULO SKELETAL SYSTEM

Any deformation yes/No

If yes which part of the body.....

Type of deformity

III. LABORATORY INVESTIGATION

BIOCHEMICAL HEMATOLOGY

FASTING BLOOD SUGAR.....

BLOOD UREA BLOOD GROUP AND RHESUS

URIC ACID

HAEMOGLOBIN

WHITE CELLS COUNT.....

IV. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

V. DECLARATION

I Dr..... ofhas examined the named candidate.

.....and conclude that the candidate is /is not suitable to attend a **THREE** years **DIPLOMA** at **TUMAINI JIPYA MEDICAL TRAINING COLLEGE.**