



THE ANGLICAN DIOCESE OF TANGA  
St. Augustine Muheza Institute of Health and  
Allied Sciences (SAMIHAS)

P.O. BOX 5 MUHEZA,

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or [info@samihas.ac.tz](mailto:info@samihas.ac.tz)

Website: [www.samihas.ac.tz](http://www.samihas.ac.tz)

Mobile Phones: +255734145797 / +255685540555 / +255743318653



## **JOINING INSTRUCTIONS FOR ACADEMIC YEAR 2023/2024**

Dear..... I am pleased to inform you that the National Council for Technical and Vocational Education and Training (NACTVET) has verified you to undergo ..... at St. Augustine Muheza Institute of Health and Allied Sciences (SAMIHAS) for the academic year 2023/2024.

### **1.0 INTRODUCTION**

Saint Augustine Muheza institute of Health and Allied Sciences (SAMIHAS) is a Non-profit Faith Based Institution. It was established in 1939. It is owned by The Anglican Church of Tanzania. Its duties were and are still three: establishing self-support concept among individuals, families and communities; preaching the gospel; and perpetuating the healing ministry of Jesus Christ. To sustain the missions, the institute is engaged in training professionals, providing health and other communal services to the needy, conducting research and consultations, as well as grooming its students and workforce on faith matters.

### **2.0 OPERATION**

St. Augustine Muheza Institute of Health and Allied Sciences operate under close supervision of The Anglican Diocese of Tanga. The institute is recognized by the Christian Social Services Commission (CSSC). It is registered by National Council for Technical and Vocational Education and Training (NACTVET) with registration number REG/HAS/088P and by TNMC license number 0081 and registration number 03-055.

### **3.0 LOCATION OF THE INSTITUTE**

SAMIHAS is located within premises of St. Augustine Muheza Designated District Hospital (SAMDDH-TEULE) in Tanga Region. It is about 1.5 km from Muheza Bus Stand.

### **4.0 IMPORTANT NOTE**

You are required to carefully read, understand and abide to the instructions stated in this joining instruction.

### **5.0 ENROLLMENT PROCESS**

Your enrollment shall be conducted through NACTVET system within a specified frame of time. Thereafter, you shall not be accepted. For your information, this enrollment process shall be done at the beginning of each academic semester.

### **6.0 DATE OF REPORTING TO THE INSTITUTE**

You shall strictly be required to report officially at the Institute on Monday 2<sup>nd</sup> October, 2023 for Orientation program. However, you shall be informed if significant changes of the date occur. For more information, please contact the Admission Officer through the following email address [staugustinemuheza@gmail.com](mailto:staugustinemuheza@gmail.com) or [info@samihas.ac.tz](mailto:info@samihas.ac.tz) or mobile phone number 0743318653 / 0734145797

## **7.0 MEDICAL EXAMINATION**

You shall be required to undergo full medical examination done by a Medical Doctor. The Doctor shall be required to complete the attached Medical Examination Form. The form should be signed, sealed with an official stamp, and submitted by hand to the Institute at the time of enrollment. Otherwise, without it, you shall not be enrolled. All charges associated with the medical examination should be met by the student/parent/sponsor/guardian.

## **8.0 IMMIGRATION**

If you are a foreign applicant you shall be required to settle your residential status with the Immigration Service Department before reporting to the Institute. The institute shall not be responsible for any issues related to immigration.

## **9.0 RELEASE LETTER**

If you are an In-service (employee) applicant, you shall be required to submit a release letter from your employer indicating course of study you have selected. The letter must be produced at the time of enrollment.

## **10.0 ACCOMMODATION AND MEALS**

### **10.1. Accommodation**

You shall be provided with accommodation. Nevertheless, you shall be required to bring one mattress (4in.x 2 $\frac{1}{2}$ ft x 6ft), one blanket, four pink colored bed sheets, one white mosquito net, and adequate decent personal dresses.

### **10.2. Meals**

The institute does not provide meals to students. However, the institute has contracted the service to a private Chef whose minimal costs are 3,000/= per day.

## **11.0 FEE SPECIFICATIONS**

### **11.1. Fee Structure**

All payments should be done through account number as indicated in the fee structure attached. The original bank pay-in slip should be presented to the Account's Office for issuance of institute's receipt.

### **11.2. Modality of Payment**

- Internal Examinations, Quality Assurance by NACTVET and CSSC, External Examinations by Ministry of Health, Identity Card, Uniform and fieldwork preparations shall be paid in full at the beginning of the year of study
- You shall be required to pay full **tuition fee and accommodation**, either once or in two installments per semester.

#### ***Semester I***

- First installment shall be paid on reporting at the institute by October 2023
- Second installment shall strictly be paid before end of December, 2023

#### ***Semester II***

- Third installment shall be paid on reporting at the institute by April 2024
- Fourth installment shall strictly be paid before end of June, 2024

**NOTE:** Fees once paid to the institute shall neither be refundable nor transferable unless otherwise

### **11.3. Fee for Fieldwork and Research**

- Fee for field work spelled out in the fee structure table is specifically for preparations done by the Institute.
- You shall be required to cover the costs for your meals, stationery, printing and other services during fieldwork and research activities.



## **12 TRAINING REQUIREMENTS**

On reporting at SAMIHAS, you shall be required to present to Admission Officer the following items:

- Students learning kit including Blood pressure machine, clinical thermometer, stethoscope, pen torch, patella hammer, and watch with seconds hand a pair of round ended scissors and a plastic apron (for Nursing and Midwifery; and Clinical Medicine students only)
- Original bank pay-in-slip for all payments done
- A clinical medicine student shall be required to bring a pair of white short sleeved shirts and khaki colored trousers for boys and a white short sleeved gown for girls.
- A box of latex powered medical examination gloves per each year of study
- A ream of A4 photocopy paper per each year of study
- Release letter for in-service student

## **13.0 AUTHENTICITY OF DOCUMENTS**

- In case you are found to have present at any time documents that do not meet training standards, the Institute reserves the right to revoke (cancel) your enrollment or you shall be open for prosecution
- In case you postpone resignation or revocation (riot) your enrollment you shall be terminated from studies

## **14.0 CAUTION**

- Fees once paid to the institute shall neither be refundable nor transferable
- The Institute does not have room to discuss an outlaw student. Therefore, if you are not abiding to national laws and governing training regulations of the Institute you shall be terminated from studies

## **15.0 HEALTH INSURANCE**

- You shall be required to come with National Health Insurance Fund (NHIF) card in order to meet your health services.
- In case you don't have NHIF card, please come with Tshs. 50,400/= in cash and the institute shall make arrangement with NHIF office for your card.

## **16.0 CLOTHING**

- Any female student identified wearing any kind of short, tight clothes or unformed clothes and unacceptable jewel sat any time and place shall be expelled from the institute.
- Any male student identified wearing any kind of female clothes, jewels and unformed clothes at any time and place shall be expelled from the institute.
- A student shall not be allowed to wear any other kind of dress over the Institute's uniform apart from white sweater (pullover)

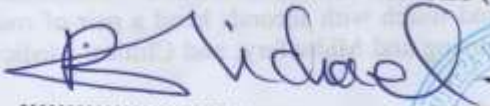
## **17.0 WORSHIP**

- The Institute recognizes the individual's right of worshiping. However, it does not have any designated facilities other than Anglican Faith for that purpose. Nevertheless, students are allowed to worship according to their denominations

**18.0 DISCIPLINE**

- A student is required to demonstrate good behavior within and outside the Institute's premises at all times

**WISHING YOU THE BEST STUDIES WITH ST. AUGUSTINE MUHEZA INSTITUTE OF HEALTH AND ALLIED SCIENCES (SAMIHAS)**



**Dr. Boniface Michael Pima  
PRINCIPAL**



**DECLARATION**

I have read and understood contents of the joining instructions. I declare to comply with them all.

.....  
Name of Applicant

Signature

Date

.....  
Name of Parent/Sponsor/Guardian

Signature

Date



THE ANGLICAN DIOCESE OF TANGA  
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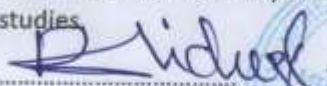
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**REQUEST OF MEDICAL EXAMINATION**

Dear Doctor,

Please examine and ascertain her fitness of Mr./Miss ..... who has been selected to join this Institute for health training program. Please certify whether he/she **IS** or **IS NOT** physically and mentally fit to undergo the program. Specify if any chronic health problem is identified or has any handicap which needs special attention without hindrance of his/her studies

  
Dr. Boniface Michael Pima  
PRINCIPAL

**MEDICAL EXAMINATION REPORT**

(To be completed by the medical officer)

Please examine the above named with regard to:

1. Skin .....
2. Eyes .....
3. Ears .....
4. Chest .....
5. Spleen .....
6. Abdomen .....
7. Urine .....
8. Stool .....
9. Hemoglobin .....
10. Epilepsy .....
11. Pregnancy Test .....
12. Other disease .....

I certify that I have examine Mr./Miss .....and found him/her **FIT** or **UNFIT** for the program as stipulated. I found that the applicant suffers from/is handicapped by ..... and he/she **IS** or **NOT** fit to undergo the stipulated course.

Certified by:-

Name: .....

Qualification: .....

MCT No: .....

Signature: .....

Address: .....

Date: .....

Hospital Official Stamp:



## FEE STRUCTURE FOR NURSING AND MIDWIFERY STUDENTS IN ACADEMIC YEAR 2023/2024

| FIRST YEAR |                             |                  |                   |              |                  |                   |              |                    |                           |                                     |
|------------|-----------------------------|------------------|-------------------|--------------|------------------|-------------------|--------------|--------------------|---------------------------|-------------------------------------|
| SN         | SECTION                     | SEMESTER ONE     |                   |              | SEMESTER TWO     |                   |              | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |                                     |
|            |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT | THIRD INSTALMENT | FOURTH INSTALMENT | TOTAL AMOUNT |                    |                           |                                     |
| 1          | Tuition fee                 | 425,000          | 425,000           | 850,000      | 425,000          | 425,000           | 850,000      | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL               |
|            |                             |                  |                   |              |                  |                   |              |                    | A/C No.                   | 41906600155                         |
| 2          | Accommodation               | 115,000          | 115,000           | 230,000      | 115,000          | 115,000           | 230,000      | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE  |
|            |                             |                  |                   |              |                  |                   |              |                    | A/C No.                   | 41910002235                         |
| 3          | Quality Assurance (NACTVET) | 15,000           |                   | 15,000       |                  |                   |              | 15,000             | A/C NAME                  | SAMIHAS SCHOOL OF CLINICAL MEDICINE |
|            | CSSC Contribution           | 5,000            |                   | 5,000        |                  |                   |              | 5,000              |                           |                                     |
|            | External Examination (MOH)  | 150,000          |                   | 150,000      |                  |                   |              | 150,000            |                           |                                     |
|            | Identity Card               | 20,000           |                   | 20,000       |                  |                   |              | 20,000             |                           |                                     |
|            | Uniform                     | 120,000          |                   | 120,000      |                  |                   |              | 120,000            |                           |                                     |
|            | Leaving Certificate         |                  |                   |              |                  |                   |              |                    |                           |                                     |
|            | Internal Examination        | 100,000          |                   | 100,000      | 100,000          |                   | 100,000      | 200,000            |                           |                                     |
|            | Fieldwork Preparation       |                  |                   |              |                  |                   |              |                    |                           |                                     |
|            | SUB TOTAL                   | 410,000          |                   | 410,000      | 100,000          |                   | 100,000      | 510,000            |                           |                                     |
| TOTAL      |                             | 950,000          | 540,000           | 1,490,000    | 640,000          | 540,000           | 1,180,000    | 2,670,000          |                           |                                     |

| SECOND YEAR |                             |                  |                   |              |                  |                  |              |                    |                           |                                     |
|-------------|-----------------------------|------------------|-------------------|--------------|------------------|------------------|--------------|--------------------|---------------------------|-------------------------------------|
| SN          | SECTION                     | SEMESTER ONE     |                   |              | SEMESTER TWO     |                  |              | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |                                     |
|             |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT |                    |                           |                                     |
| 1           | Tuition fee                 | 425,000          | 425,000           | 850,000      | 425,000          | 425,000          | 850,000      | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL               |
|             |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41906600155                         |
| 2           | Accommodation               | 115,000          | 115,000           | 230,000      | 115,000          | 115,000          | 230,000      | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE  |
|             |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41910002235                         |
| 3           | Quality Assurance (NACTVET) | 15,000           |                   | 15,000       |                  |                  |              | 15,000             | A/C NAME                  | SAMIHAS SCHOOL OF CLINICAL MEDICINE |
|             | CSSC Contribution           | 5,000            |                   | 5,000        |                  |                  |              | 5,000              |                           |                                     |
|             | External Examination (MOH)  | 150,000          |                   | 150,000      |                  |                  |              | 150,000            |                           |                                     |
|             | Identity Card               |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Uniform                     |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Leaving Certificate         |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Internal Examination        | 100,000          |                   | 100,000      | 100,000          |                  | 100,000      | 200,000            |                           |                                     |
|             | Fieldwork Preparation       |                  |                   |              | 200,000          |                  | 200,000      | 200,000            |                           |                                     |
|             | SUB TOTAL                   | 270,000          |                   | 270,000      | 300,000          |                  | 300,000      | 570,000            |                           |                                     |
| TOTAL       |                             | 810,000          | 540,000           | 1,350,000    | 840,000          | 540,000          | 1,380,000    | 2,730,000          |                           |                                     |

| THIRD YEAR |                             |                  |                   |              |                  |                  |              |                    |                           |                                     |
|------------|-----------------------------|------------------|-------------------|--------------|------------------|------------------|--------------|--------------------|---------------------------|-------------------------------------|
| SN         | SECTION                     | SEMESTER ONE     |                   |              | SEMESTER TWO     |                  |              | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |                                     |
|            |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT |                    |                           |                                     |
| 1          | Tuition fee                 | 425,000          | 425,000           | 850,000      | 425,000          | 425,000          | 850,000      | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL               |
|            |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41906600155                         |
| 2          | Accommodation               | 115,000          | 115,000           | 230,000      | 115,000          | 115,000          | 230,000      | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE  |
|            |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41910002235                         |
| 3          | Quality Assurance (NACTVET) | 15,000           |                   | 15,000       |                  |                  |              | 15,000             | A/C NAME                  | SAMIHAS SCHOOL OF CLINICAL MEDICINE |
|            | CSSC Contribution           | 5,000            |                   | 5,000        |                  |                  |              | 5,000              |                           |                                     |
|            | External Examination (MOH)  | 150,000          |                   | 150,000      |                  |                  |              | 150,000            |                           |                                     |
|            | Identity Card               |                  |                   |              |                  |                  |              |                    |                           |                                     |
|            | Uniform                     |                  |                   |              |                  |                  |              |                    |                           |                                     |
|            | Leaving Certificate         |                  |                   |              |                  | 30,000           | 30,000       | 30,000             |                           |                                     |
|            | Internal Examination        | 100,000          |                   | 100,000      | 100,000          |                  | 100,000      | 200,000            |                           |                                     |
|            | Fieldwork Preparation       |                  |                   |              | 200,000          |                  | 200,000      | 200,000            |                           |                                     |
|            | SUB TOTAL                   | 270,000          |                   | 270,000      | 300,000          | 30,000           | 330,000      | 600,000            |                           |                                     |
| TOTAL      |                             | 810,000          | 540,000           | 1,350,000    | 840,000          | 570,000          | 1,410,000    | 2,760,000          |                           |                                     |



## FEE STRUCTURE FOR CLINICAL MEDICINE STUDENTS IN ACADEMIC YEAR 2023/2024

| FIRST YEAR   |                             |                  |                   |                  |                  |                   |                  |                    |                           |  |
|--------------|-----------------------------|------------------|-------------------|------------------|------------------|-------------------|------------------|--------------------|---------------------------|--|
| SN           | SECTION                     | SEMESTER ONE     |                   |                  | SEMESTER TWO     |                   |                  | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |  |
|              |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT     | THIRD INSTALMENT | FOURTH INSTALMENT | TOTAL AMOUNT     |                    |                           |  |
| 1            | Tuition fee                 | 425,000          | 425,000           | 850,000          | 425,000          | 425,000           | 850,000          | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL                              |
|              |                             |                  |                   |                  |                  |                   |                  |                    | A/C No.                   | 41906600155  |
| 2            | Accommodation               | 115,000          | 115,000           | 230,000          | 115,000          | 115,000           | 230,000          | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE                 |
|              |                             |                  |                   |                  |                  |                   |                  |                    | A/C No.                   | 41910002235  |
| 3            | Quality Assurance (NACTVET) | 15,000           |                   | 15,000           |                  |                   |                  | 15,000             | A/C NAME<br>A/C No.       | SAMIHAS SCHOOL OF CLINICAL MEDICINE<br>41910002236 |
|              | CSSC Contribution           | 5,000            |                   | 5,000            |                  |                   |                  | 5,000              |                           |  |
|              | External Examination (MOH)  | 150,000          |                   | 150,000          |                  |                   |                  | 150,000            |                           |  |
|              | Identity Card               | 20,000           |                   | 20,000           |                  |                   |                  | 20,000             |                           |  |
|              | Uniform                     | 80,000           |                   | 80,000           |                  |                   |                  | 80,000             |                           |  |
|              | Leaving Certificate         |                  |                   |                  |                  |                   |                  |                    |                           |  |
|              | Internal Examination        | 100,000          |                   | 100,000          | 100,000          |                   | 100,000          | 200,000            |                           |  |
|              | Fieldwork Preparation       |                  |                   |                  |                  |                   |                  |                    |                           |  |
|              | <b>SUB TOTAL</b>            | <b>370,000</b>   |                   | <b>370,000</b>   | <b>100,000</b>   |                   | <b>100,000</b>   | <b>470,000</b>     |                           |  |
| <b>TOTAL</b> |                             | <b>910,000</b>   | <b>540,000</b>    | <b>1,450,000</b> | <b>640,000</b>   | <b>540,000</b>    | <b>1,180,000</b> | <b>2,630,000</b>   |                           |  |

| SECOND YEAR |                             |                  |                   |              |                  |                  |              |                    |                           |                                     |
|-------------|-----------------------------|------------------|-------------------|--------------|------------------|------------------|--------------|--------------------|---------------------------|-------------------------------------|
| SN          | SECTION                     | SEMESTER ONE     |                   |              | SEMESTER TWO     |                  |              | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |                                     |
|             |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT |                    |                           |                                     |
| 1           | Tuition fee                 | 425,000          | 425,000           | 850,000      | 425,000          | 425,000          | 850,000      | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL               |
|             |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41906600155                         |
| 2           | Accommodation               | 115,000          | 115,000           | 230,000      | 115,000          | 115,000          | 230,000      | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE  |
|             |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41910002235                         |
| 3           | Quality Assurance (NACTVET) | 15,000           |                   | 15,000       |                  |                  |              | 15,000             | A/C NAME                  | SAMIHAS SCHOOL OF CLINICAL MEDICINE |
|             | CSSC Contribution           | 5,000            |                   | 5,000        |                  |                  |              | 5,000              |                           |                                     |
|             | External Examination (MOH)  | 150,000          |                   | 150,000      |                  |                  |              | 150,000            |                           |                                     |
|             | Identity Card               |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Uniform                     |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Leaving Certificate         |                  |                   |              |                  |                  |              |                    |                           |                                     |
|             | Internal Examination        | 100,000          |                   | 100,000      | 100,000          |                  | 100,000      | 200,000            |                           |                                     |
|             | Fieldwork Preparation       |                  |                   |              | 200,000          |                  | 200,000      | 200,000            |                           |                                     |
|             | SUB TOTAL                   | 270,000          |                   | 270,000      | 300,000          |                  | 300,000      | 570,000            |                           |                                     |
| TOTAL       |                             | 810,000          | 540,000           | 1,350,000    | 840,000          | 540,000          | 1,380,000    | 2,730,000          |                           |                                     |

| THIRD YEAR |                             |                  |                   |              |                  |                  |              |                    |                           |  |
|------------|-----------------------------|------------------|-------------------|--------------|------------------|------------------|--------------|--------------------|---------------------------|--|
| SN         | SECTION                     | SEMESTER ONE     |                   |              | SEMESTER TWO     |                  |              | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |  |
|            |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT |                    |                           |  |
| 1          | Tuition fee                 | 425,000          | 425,000           | 850,000      | 425,000          | 425,000          | 850,000      | 1,700,000          | A/C NAME                  | MUHEZA NURSING SCHOOL                              |
|            |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41906600155  |
| 2          | Accommodation               | 115,000          | 115,000           | 230,000      | 115,000          | 115,000          | 230,000      | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE                 |
|            |                             |                  |                   |              |                  |                  |              |                    | A/C No.                   | 41910002235  |
| 3          | Quality Assurance (NACTVET) | 15,000           |                   | 15,000       |                  |                  |              | 15,000             | A/C NAME<br>A/C No.       | SAMIHAS SCHOOL OF CLINICAL MEDICINE<br>41910002236 |
|            | CSSC Contribution           | 5,000            |                   | 5,000        |                  |                  |              | 5,000              |                           |  |
|            | External Examination (MOH)  | 150,000          |                   | 150,000      |                  |                  |              | 150,000            |                           |  |
|            | Identity Card               |                  |                   |              |                  |                  |              |                    |                           |  |
|            | Uniform                     |                  |                   |              |                  |                  |              |                    |                           |  |
|            | Leaving Certificate         |                  |                   |              |                  | 30,000           | 30,000       | 30,000             |                           |  |
|            | Internal Examination        | 100,000          |                   | 100,000      | 100,000          |                  | 100,000      | 200,000            |                           |  |
|            | Fieldwork Preparation       |                  |                   |              | 200,000          |                  | 200,000      | 200,000            |                           |  |
|            | SUB TOTAL                   | 270,000          |                   | 270,000      | 300,000          | 30,000           | 330,000      | 600,000            |                           |  |
| TOTAL      |                             | 810,000          | 540,000           | 1,350,000    | 840,000          | 570,000          | 1,410,000    | 2,760,000          |                           |  |



## FEE STRUCTURE FOR COMMUNITY DEVELOPMENT STUDENTS IN ACADEMIC YEAR 2023/2024

| FIRST YEAR   |                             |                  |                   |                  |                  |                  |                |                    |                           |  |
|--------------|-----------------------------|------------------|-------------------|------------------|------------------|------------------|----------------|--------------------|---------------------------|--|
| SN           | SECTION                     | SEMESTER ONE     |                   |                  | SEMESTER TWO     |                  |                | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |  |
|              |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT     | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT   |                    |                           |  |
| 1            | Tuition fee                 | 170,000          | 170,000           | 340,000          | 170,000          | 170,000          | 340,000        | 680,000            | A/C NAME                  | MUHEZA NURSING SCHOOL                              |
|              |                             |                  |                   |                  |                  |                  |                |                    | A/C No.                   | 41906600155  |
| 2            | Accommodation               | 115,000          | 115,000           | 230,000          | 115,000          | 115,000          | 230,000        | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE                 |
|              |                             |                  |                   |                  |                  |                  |                |                    | A/C No.                   | 41910002235  |
| 3            | Quality Assurance (NACTVET) | 15,000           |                   | 15,000           |                  |                  |                | 15,000             | A/C NAME<br>A/C No.       | SAMIHAS SCHOOL OF CLINICAL MEDICINE<br>41910002236 |
|              | CSSC Contribution           | 5,000            |                   | 5,000            |                  |                  |                | 5,000              |                           |  |
|              | Identity Card               | 20,000           |                   | 20,000           |                  |                  |                | 20,000             |                           |  |
|              | Uniform                     | 120,000          |                   | 120,000          |                  |                  |                | 120,000            |                           |  |
|              | Leaving Certificate         |                  |                   |                  |                  |                  |                |                    |                           |  |
|              | Internal Examination        | 100,000          |                   | 100,000          | 100,000          |                  | 100,000        | 200,000            |                           |  |
|              | Fieldwork Preparation       |                  | 200,000           | 200,000          |                  |                  |                |                    |                           |  |
|              | <b>SUB TOTAL</b>            | <b>260,000</b>   | <b>200,000</b>    | <b>460,000</b>   | <b>100,000</b>   |                  | <b>100,000</b> | <b>560,000</b>     |                           |  |
| <b>TOTAL</b> |                             | <b>545,000</b>   | <b>485,000</b>    | <b>1,030,000</b> | <b>385,000</b>   | <b>285,000</b>   | <b>670,000</b> | <b>1,700,000</b>   |                           |  |

| SECOND YEAR  |                             |                  |                   |                |                  |                  |                |                    |                           |  |
|--------------|-----------------------------|------------------|-------------------|----------------|------------------|------------------|----------------|--------------------|---------------------------|--|
| SN           | SECTION                     | SEMESTER ONE     |                   |                | SEMESTER TWO     |                  |                | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |  |
|              |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT   | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT   |                    |                           |  |
| 1            | Tuition fee                 | 212,500          | 212,500           | 425,000        | 212,500          | 212,500          | 425,000        | 850,000            | A/C NAME                  | MUHEZA NURSING SCHOOL                              |
|              |                             |                  |                   |                |                  |                  |                |                    | A/C No.                   | 41906600155  |
| 2            | Accommodation               | 115,000          | 115,000           | 230,000        | 115,000          | 115,000          | 230,000        | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE                 |
|              |                             |                  |                   |                |                  |                  |                |                    | A/C No.                   | 41910002235  |
| 3            | Quality Assurance (NACTVET) | 15,000           |                   | 15,000         |                  |                  |                | 15,000             | A/C NAME<br>A/C No.       | SAMIHAS SCHOOL OF CLINICAL MEDICINE<br>41910002236 |
|              | CSSC Contribution           | 5,000            |                   | 5,000          |                  |                  |                | 5,000              |                           |  |
|              | Identity Card               |                  |                   |                |                  |                  |                |                    |                           |  |
|              | Uniform                     |                  |                   |                |                  |                  |                |                    |                           |  |
|              | Leaving Certificate         |                  |                   |                |                  |                  |                |                    |                           |  |
|              | Internal Examination        | 100,000          |                   | 100,000        | 100,000          |                  | 100,000        | 200,000            |                           |  |
|              | Fieldwork Preparation       |                  | 200,000           | 200,000        |                  |                  |                | 200,000            |                           |  |
|              | <b>SUB TOTAL</b>            | <b>120,000</b>   | <b>200,000</b>    | <b>320,000</b> | <b>100,000</b>   |                  | <b>100,000</b> | <b>420,000</b>     |                           |  |
| <b>TOTAL</b> |                             | <b>447,500</b>   | <b>527,500</b>    | <b>975,000</b> | <b>427,500</b>   | <b>327,500</b>   | <b>755,000</b> | <b>1,730,000</b>   |                           |  |

| THIRD YEAR   |                             |                  |                   |                |                  |                  |                |                    |                           |  |
|--------------|-----------------------------|------------------|-------------------|----------------|------------------|------------------|----------------|--------------------|---------------------------|--|
| SN           | SECTION                     | SEMESTER ONE     |                   |                | SEMESTER TWO     |                  |                | TOTAL FEE PER YEAR | PAYING BANK ACCOUNT (NMB) |  |
|              |                             | FIRST INSTALMENT | SECOND INSTALMENT | TOTAL AMOUNT   | THIRD INSTALMENT | FOUTH INSTALMENT | TOTAL AMOUNT   |                    |                           |  |
| 1            | Tuition fee                 | 212,500          | 212,500           | 425,000        | 212,500          | 212,500          | 425,000        | 850,000            | A/C NAME                  | MUHEZA NURSING SCHOOL                              |
|              |                             |                  |                   |                |                  |                  |                |                    | A/C No.                   | 41906600155  |
| 2            | Accommodation               | 115,000          | 115,000           | 230,000        | 115,000          | 115,000          | 230,000        | 460,000            | A/C NAME                  | MUHEZA SCHOOL OF CLINICAL MEDICINE                 |
|              |                             |                  |                   |                |                  |                  |                |                    | A/C No.                   | 41910002235  |
| 3            | Quality Assurance (NACTVET) | 15,000           |                   | 15,000         |                  |                  |                | 15,000             | A/C NAME<br>A/C No.       | SAMIHAS SCHOOL OF CLINICAL MEDICINE<br>41910002236 |
|              | CSSC Contribution           | 5,000            |                   | 5,000          |                  |                  |                | 5,000              |                           |  |
|              | Identity Card               |                  |                   |                |                  |                  |                |                    |                           |  |
|              | Uniform                     |                  |                   |                |                  |                  |                |                    |                           |  |
|              | Leaving Certificate         |                  |                   |                |                  | 50,000           | 50,000         | 50,000             |                           |  |
|              | Internal Examination        | 100,000          |                   | 100,000        | 100,000          |                  | 100,000        | 200,000            |                           |  |
|              | Fieldwork Preparation       |                  | 200,000           | 200,000        |                  |                  |                | 200,000            |                           |  |
|              | <b>SUB TOTAL</b>            | <b>120,000</b>   | <b>200,000</b>    | <b>320,000</b> | <b>100,000</b>   | <b>50,000</b>    | <b>150,000</b> | <b>470,000</b>     |                           |  |
| <b>TOTAL</b> |                             | <b>447,500</b>   | <b>527,500</b>    | <b>975,000</b> | <b>427,500</b>   | <b>377,500</b>   | <b>805,000</b> | <b>1,780,000</b>   |                           |  |