

SIMIYU COLLEGE OF HEALTH AND ALLIED SCIENCES (SICHAS)



Registration Number: REG/HAS/223P

Contact Address

P.O. Box 260, Bariadi-Simiyu.

Contact/phone numbers: 0757852473, 0785897282, 0754874289, and 0759190645

Email: sichas@gmail.com Website: www.sichas.ac.tz

APPLICATION FORM FOR ACADEMIC YEAR 2023/2024

Welcome to **Simiyu College of Health and Allied Sciences (SICHAS)**, Thank you for choosing our institute as the Centre of your Training.

A: PERSONAL PARTICULARS

(Write your name as it appears on form four (IV) Certificate)

Date.....

1. First Name:

2. Middle Name:

3. Last Name:

4. Date of Birth.....

5. Gender: Female Male Email Address if available

6. Nationality: Region.....
District.....

7. Marital Status: Single Married Current contact address.....

8. Phone No: /.....

9. Any impairment/disability.....

B: i) NEXT OF KIN PARTICULARS

Name..... Address

Relationship

Phone No: /.....

ii) NEXT OF KIN PARTICULARS

Name..... Address

Relationship

Phone No: /.....

C: ACADEMIC PARTICULARS

Primary School Details:-

10. Name of the School:Year of completion: District.....
Region name.....

Secondary School Details:-

10. Results attained in Ordinary Level Secondary Education Examination.

SUBJECT	PHYSIC	CHEM	BIOL	B/MATH	ENG	GEOG	HISTR	CIVIC	KISW
GRADE									

(a) Form four index No:/..... (b) Year of completion.....(c) Division Obtained.....

: ENTRY QUALIFICATIONS DIPLOMA IN PHARMACEUTICAL SCIENCES:

S/ N	Course	Entry Qualifications
1.	Diploma in Pharmaceutical sciences	Biology "D" Chemistry "D" Plus Any other Two(2) D from non-religious subjects

- Fees are paid through
ACCOUNT NAME: **SICHAS COLLEGE**
ACCOUNT NO: **015C562316700**
BANK NAME: **CRDB**
- You are required to attach original copies of academic certificates that is:- Form Four (iv) certificate,

E: APPLICATION PROCEDURES

- Submit the fully filled application form though the email: sichas@gmail.com
- Visit **SICHAS** located at Somanda-Bariadi Town Council, Simiyu, 4 km from Bariadi along Bariadi-Mwanza road, near the Bariadi Prison.
- For more information contact us: - **0757852473, 0754874289, 0785897282, and 0759190645** or visit our website: www.sichas.ac.tz

F: PAYMENT OF APPLICATION FEE IS 30,000/= through bank.

ACCOUNT NAME: SICHAS COLLEGE
ACCOUNT NO: 015C562316700
BANK NAME: CRDB

