



**HERMARGS INSTITUTE**  
**COLLEGE OF HEALTH AND ALLIED SCIENCES**  
 P. O. Box 3086, Morogoro, Tanzania  
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 Website: [www.hermargs.ac.tz](http://www.hermargs.ac.tz)

## APPLICATION FORM

Academic Year for which admission is sought: September, 2021/2022

Attach a  
colored  
passport  
size  
photo

### CHOICE OF PROGRAMME

In the table below indicate the programme you are applying (tick (√) to indicate the choice)

Name of the Programme	Total Duration (Years)	Description	Choice of Programme
Certificate in Pharmaceutical Sciences	2	Direct entry from Secondary School (F4 or F6)	
Diploma in Pharmaceutical Sciences	3 (2+1)	Additional one (1) year after completing two (2) year Certificate in Pharmaceutical Sciences	

### Section1: Applicant Details (Please complete in BLOCK letters or typed)

Last Name								
First Name		Middle Name						
Date of Birth		Nationality						
Sex	Male	Female	Marital Status	Single	Married			
Do you consider yourself to have a disability?			Yes	No	Do you have a criminal conviction?		Yes	No
Permanent Home Address:			Address for Correspondence (If different from Home Address)					
City		City						
Country		Country						
Telephone		Telephone						
Email		<i>Please write your e-mail address clearly</i>						

**Section 2: Education Details** (*your qualifications must demonstrate eligibility for the Programme, complete in BLOCK*)

List all academic qualifications from Secondary education and above that you have achieved. Copies of all relevant final transcripts may be attached with this application.

Qualification	From	To	School Name	Index no:	Division

**DETAILS OF PREVIOUS COLLEGE**

College/ University name	From	To	PROGRAMME STUDIED	AWARD / GPA

**ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE**

P. O. Box: .....

Cell phone: .....

Email: .....

**Section3: Employment Details:** (*Important if you are applying in a mature age entry category*).

Please give details of positions held over the past 5 years, if you are applying as a mature – age or for admission as a postgraduate. Provide detailed job descriptions on separate page and attach reference letters from employers.

Employer name	Address	Positions held	From	To

#### Section 4: Finance

Indicate how you intend to finance your studies and your living expenses at HERMARGS Institute in Morogoro

How will you finance your studies at HERMARGS? (Tick one)  
Family  Employer  Loan  Savings  Other

Responsible person:  
(Name and Relationship)

Job Title:

Cell phone No:

E-mail:

**Sponsor Declaration:** I have agreed to finance the above named applicant in his/her studies at HERMARGS Institute and agreed to release funds for tuition fees, other institutional costs and living expenses as and when required.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 5: Referees

(Please complete in BLOCK letters or typed)

Please provide the names of two referees; at least one should be an academic referee who has knowledge of your academic ability.

Referee name	Address	Telephone	E-mail

#### Section 6: Fee structure and other Payments

**Total Institute fees and other Institutional costs is TZS 2,225,000 per academic year, for year 1**

The fees are payable in full or in installments as indicated in the table below.

First Installment	Second Installment	Third Installment	Fourth Installment
750,000	450,000	575,000	450,000

While returning this form, please attach the pay-in slip of non-refundable application fee of **TZS 30,000.00** paid through CRDB BANK Account No: 015 03 60 74 75 00 Account Name: HERMARGS ACADEMY; **OR** NMB BANK, Account No: 249 10 00 11 87 Account Name: HERMARGS INSTITUTE;. You can also pay through any Mobile Money (Tigopesa, M-pesa, Airtel Money, Ezypesa, T-pesa or Halopesa) using our **Tigo Account 884 82 84, with account name HERMARGS INSTITUTE**

**Section8: Mode of Application**

Please attach the following into application form

1. Original bank pay-in slip
2. Certified Photocopy of Birth Certificate
3. Certified Photocopy of Form Four (IV) Transcript and Academic Certificate
4. A colored passport size photograph
5. NTA Level 5 transcript/recommendation letter/certificate for applicants for NTA LEVEL 6.
6. **Application forms must be returned to HERMARGS Institute by Institutional e-mail:**  
[hermargs.institute@gmail.com](mailto:hermargs.institute@gmail.com) or [admission@hermargs.ac.tz](mailto:admission@hermargs.ac.tz)
7. **Deadline for application is 08<sup>th</sup> September, 2021**

*Note: Successful applicants will be required to bring their Certified Copies of Certificates for verification at the time of registration and 3 colored passport size photographs*

**Section9: DECLARATION**

I ..... certify that the above given information is correct to the best of my knowledge and I accept that I will be accountable for any false information given.

SIGNATURE..... DATE: ...../...../.....