



**HERMARGS INSTITUTE**  
**COLLEGE OF HEALTH AND ALLIEND 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: March, 2020/2021

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                  | Duration (Years) | Choice of Programme |
|--|------------------|---------------------|
| Certificate in Pharmaceutical Sciences | 2                |                     |
| Diploma in Pharmaceutical Sciences     | 3                |                     |

### Section 1: 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 course, complete in BLOCK*)

List all academic qualifications from Standard Seven, 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: .....

**Section 3: 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:<br>(Name and Relationship)  |          |      | Job Title: |       |
| Cell phone No:  |          |      | E-mail:    |       |
| <b>Sponsor Declaration:</b> 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 compete in BLOCK letters or type)*

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 bellow.

| <i>First Installment</i> | <i>Second Installment</i> | <i>Third Installment</i> | <i>Fourth Installment</i> |
|--------------------------|---------------------------|--------------------------|---------------------------|
| 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: 0150360747500 Account Name: HERMARGS ACADEMY; **OR** NMB BANK, Account No: 24910001187 Account Name: HERMARGS INSTITUTE;. You can also pay through any Mobile Money (Tigopesa, M-pesa, Airtel Money, Ezy pesa, T-pesa or Halopesa) using our **Tigo Account 88 48 28 4, with account name HERMARGS INSTITUTE.**

**Section 8: 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. Transcript/recommendation letter/certificate of council (for NTA LEVEL 6)
6. **Application forms must be returned to HERMARGS Institute by Institutional e-mail:**  
[admission@hermargs.ac.tz](mailto:admission@hermargs.ac.tz) / [hermargs.institute@gmail.com](mailto:hermargs.institute@gmail.com)
7. **Deadline for application is 20<sup>th</sup> February, 2020**

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

**Section 9: 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: ...../...../.....