



**HERMARGS INSTITUTE**  
**COLLEGE OF HEALTH AND ALLIEND SCIENCES**  
 P. O. Box 3086, Morogoro, Tanzania  
 Tel: +255 742 759 220  
 E-mail: [admission@hermargs.ac.tz](mailto:admission@hermargs.ac.tz)/ [hermargs.institute@gmail.com](mailto:hermargs.institute@gmail.com)  
 Website: [www.hermargs.ac.tz](http://www.hermargs.ac.tz)

Attach  
three  
colored  
passport  
size

## APPLICATION FORM

Academic Year for which admission is sought: 2020/2021

### 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
Technician Certificate in Pharmacy	2	
Ordinary Diploma in Pharmacy	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 secondary education and above that you have achieved. Copies of all relevant final transcripts must 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?				
Family	Employer	Loan	Savings	Other
Responsible person: (Name and Relationship)		Job Title:		
Cell phone No:		E-mail:		
<p><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.</p> <p>Name: _____ Signature _____ Date: _____</p>				

## 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 2,215,000 per academic year**

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	565,000	450,000

While returning this form, please attach the pay-in slip of non-refundable application fee of **TZS 20,000.00** paid through CRDB BANK, Account Name: HERMARGS ACADEMY; Account No: 0150360747500 **OR** NMB BANK, Account Name: HERMARGS INSTITUTE; Account No: 24910001187

**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 15<sup>th</sup> September, 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: ...../...../.....