



HERMARGS INSTITUTE
COLLEGE OF HEALTH AND ALLIED SCIENCES
P. O. Box 3086, Morogoro, Tanzania
Tel: +255 742 759 220
E-mail: admission@hermargs.ac.tz & hermargs.institute@gmail.com
Website: 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 | |

Section1: ApplicantDetails (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 | Please write your e-mail address clearly | | | | | | | |

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:

Section3: EmploymentDetails: *(Important if you are applying in a mature ageentry 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>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.</p> | | | |
| Name: _____ Signature _____ Date: _____ | | | |

Section 5: Referees

(Please complete 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 below.

| <i>First Installment</i> | <i>Second Installment</i> | <i>Third Installment</i> | <i>Fourth Installment</i> |
|--------------------------|---------------------------|--------------------------|---------------------------|
| <i>750,000</i> | <i>450,000</i> | <i>565,000</i> | <i>450,000</i> |

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

Section8: Modeof Application

Please attach the following into application form

1. Original bank pay-inslip
2. Certified Photocopy of BirthCertificate
3. Certified Photocopy of Form Four (IV) Transcript and Academic Certificate
4. A colored passport sizephotograph
5. Transcript/recommendation letter/certificate of council(for NTA LEVEL6)
6. **Application forms must be returned to HERMARGS Institute byInstitutional e-mail:**
admission@hermargs.ac.tz / hermargs.institute@gmail.com
7. **Deadline for application is 15th 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

Section9: DECLARATION

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

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