

MASSANA COLLEGE OF NURSING

Founded by Late: Prof.R.S.M.Lema MD,MMED(O/G)FBRH)..

Plot No. 164/165, Block "C" Goba Road off Bagamoyo Road, Mbezi Beach...
P.O. Box 65561; Tel 2627831, 2627177, Mobile 0713-321260, 0769666880
Fax: 2627145; E-mail collegemassana@yahoo.com,
website:www.mhsmassanahospital.com

AFFIX
RECENT
P/SIZE



APPLICATION FORM FOR PRE – SERVICE CERTIFICATE/DIPLOMA IN NURSING COURSE. (ENROLLED/REGISTERED NURSE) ACADEMIC YEAR 2019 MARCH INTAKE

INSTRUCTIONS TO ALL APPLICANTS:

- a) *This form must be completely filled by applicant wishing to pursue a Certificate /Diploma Course in Nursing offered by Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC).*
- b) *Duration of the course is **Two years for Certificate and three years for Diploma.***
- c) *Non-refundable fees of Tshs. 30,000/= should be paid for each application form. ACCOUNT NO. 01J1013832800 CRDB BANK*
- d) *Attach the following:*
 - i) *One recently passport size photograph*
 - ii) *Certified copies of Ordinary secondary certificate, and birth certificate*
- e) *Applicants completed their secondary school education outside the country should attach their certificate and equivalent qualifications obtained from the National Examination Council of Tanzania, for their academic certificates*
- f) *The application form is available in the website of the Massana college of Nursing – www.mhsmassanahospital.com*
- g) *Submit your application form to Massana College of Nursing before 20/02/2019.*
- h) *The academic year will start on 5/3/2019*
- i) *How did you get to know Massana College of Nursing?*

<i>Radio and T.V.</i>	
<i>Friends and Family</i>	
<i>Road Signs and fliers</i>	
<i>Social Media (FaceBook, Instagram or WhatsApp)</i>	

Admission requirements:

Holders of Certificate of Secondary Education Examination (CSEE) with ‘C’ pass in Chemistry and Biology, and “D” passes in Physics/Engineering Science and English.

Other requirements:

- D Pass in Mathematics is an added advantage

PERSONAL PARTICULARS AND ACADEMIC BACK GROUND.

Names:	Surname:	Middle name:	First name:
Sex:	Nationality:	Date of birth:	Place of Birth:
Secondary Education (tick in appropriate place):	Form IV:	Year:	
Secondary school(s) attended:	‘0’ Level:		
Indicate grades scored for each subject:	Form IV: Biology____ Chemistry____ Physics____ Mathematics ____ English____		
Applicant’s postal address:			
Applicant’s other contacts:	Mobile No:_____ Fax No:_____		
	Telephone No:_____ E-mail:_____		

Declaration:

I declare that the information given above is true and correct to my understanding.

Applicant’s signatureDate.....

Parent’s /Guardian SignatureDate

Sponsor’s SignatureDate

MHS – CARES FOR YOUR HEALTH