



Apple Valley Institute of Health Science and Technology

P O Box 15805, Shangwe Business Complex
Kigamboni Municipal Council, Mji Mwema, Dar Es Salaam
Tel: +255 764 222 999 or +22 756 200 999 or +255 765 673 727
Email: info@applevalleyhealth.ac.tz,
Website: www.applevalleyhealth.ac.tz

REG NO: REG/HAS/188P

JOINING INSTRUCTION FORM TO CERTIFICATE/ DIPLOMA PROGRAMMES FOR ACADEMIC YEAR 2024/2025 SEPTEMBER INTAKE

*(Please read carefully the Instructions before filling in this application form and be reminded that it's a criminal
Offense to submit false information/documents)*

PART 1: INSTRUCTIONS:

1. The dully filled application form should be returned along with certified photocopies of Certificates, academic transcript and original bank pay –in-slip (should bear the names of applicant).
2. Application Form is obtained from the Admission Office at Tzs. 30,000 (thirty thousand only)

PART 2: ADMISSION REQUIREMENTS

1. Completed medical examination form
2. Original Certificates of Secondary education
3. Application Form and the Admission letter
4. Evidence of payment of the fees and other charges
5. Birth Certificate or an affidavit
6. Colored pass port size photos (4)

PART 3: COURSE REQUIREMENT

Pharmaceutical science
<ul style="list-style-type: none"> ✦ Calculator ✦ Tanzania Pharmaceutical Handbook ✦ 1 Box – Gloves ✦ Towel

PART 4: STUDENT INFORMATION (**PLEASE FILL**)

Student Full Name	
Student Phone Number	
Form 4 Index Number and year eg (S4110/0052/2022)	
Date of Birth	
Primary school	

PART 5: FEE STRUCTURE

The Tuition fees and other financial requirement is follows.

Sn	Item	Pharmacy
1	Tuition Fee	1,800,000
2	Other charges	480,000
Total		2,280,000/=

PART 6: FEE PAYMENT SCHEDULE

It is obligatory that fees are paid strictly based on the payment schedule. Students are however encouraged to enter into agreement with the Finance.

Fees could be paid based on monthly basis starting with Tzs 300,000 per month.

Timing	Pharmacy
At the Beginning of 1 st Semester	Tzs 700,000
Before Continuing Assessment 2	Tzs 440,000
At the Beginning of Second Semester	Tzs 700,000
Before Continuous Assessment 4	Tzs 440,000

PART 7: OTHER PAYMENTS

Item	Amount	Description
Pharmacy Practice/Field Work	Tzs 100,000	All Students with Pharmacy Practice Field (without transport)
Supplementary/Special Exams	Tzs 50,000	Per Module
Appeal	Tzs 50,000	Per Module
Medical Capitation with NHIF	Tzs 50,400	All Students
National Examination fee	Tzs 150,000	All Students
Graduation	Tzs 70,000	Finalist

PART 8: MODE OF PAYMENT

- ✦ All payments are non-refundable
- ✦ The fee structure is annual, the management reserves the right to change the right to change the fees structure at the end of each academic year
- ✦ A Bank pay in slip should be submitted to Finance on reporting to the College before admission.
- ✦ No student shall be accepted to the College without settling the first instalment.
- ✦ **Account Number :0150419445700 Account Name: Apple Valley – for fees**
- ✦ **Account Number: 0150419445701 Account Name: Apple Valley – other charges use**
- ✦ Payment made by M-Pesa, Tigo Pesa and Airtel Money must be done upon obtaining control number

PART 9: COLLEGE UNIFORM

Course	Male	Female
Pharmacy Students	Two White Shirts with short sleeves	Two White Gowns with short sleeves (Decent one- below knees)
	Khaki colored 2 pairs of trousers (Cotton materials)	Flat Black Shoes (Open shoes/sandals are not allowed during class hours)
	Black leather shoes & white socks (Open shoes/sandals are not allowed during class hours)	
	White clinical coat/ lab coat	White clinical coat/Lab coat

Note: College Uniforms must have a college logo; Uniforms must be purchased at the campus for Tzs 70,000/= and 35,000 for Lab coat to all students as stipulated above.

PART 10: REQUIREMENTS FOR BOARDING HOSTEL/CAFETERIA

1. Cafeteria and Canteen services

The College provides no food; however, the cafeteria is open for students at prescribed times to cater for students' meals need.

2. Residence facility

The College provides a room and a bed. Students are required to bring with them:

- ✦ The mattress (3 x 6)
- ✦ A blanket
- ✦ 4 bed sheets
- ✦ 1 pillow + 2 pillow cases
- ✦ 1 mosquito net
- ✦ 1 bucket
- ✦ Towels
- ✦ Open shoes/sandals and casual canvas shoes

Students are required to sign resident (hostel) rules and regulations, any violation of these rules and regulation will amount to students to be expelled from the facility. Students must pay for the Tzs 20,000/= to meet the cost of water that is paid for each Semester. The hostel electricity bill is shared by all residents.

PART 11: STUDENT AND PARENTS'S DECLARATION ON INSTITUTE REGULATIONS AND BY-LAWS

I (Name of student) (Surname, Middle name, First name) of (Postal Address) DO HEREBY accept and promise to adhere to regulations and by-laws of the Institute as stipulated in this declaration form. I understand that any breaching of the regulations and by-laws stated therein will result in discontinuation and expulsion from the Institute. SIGNED AND DELIVERED this.....day of... (Month) (year)(Student's Signature)

PARENT'S
PASSPORTSIZE



I, (Name)..... Parent/Guardian/Employer (Surname, Middle name, First name) of..... (Name of Student) DO HEREBY confirm the acceptance of the above-mentioned student to follow and adhere to Institute regulations and by-laws as stipulated in this Declaration form. I understand that any breaching of any of the regulations and bylaws stated therein will result into discontinuation and expulsion of the student from the Institute. SIGNED

AND DELIVERED this.....day of..... (Month).....(year).....
(Signature of Parent/Guardian/Employer) Tel. noEmail

.....
All inquiries and duly filled Applicant forms should be addressed to: -

Mgend Jackson
Principal

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WELCOME TO THE CENTER OF EXCELLENCY

MEDICAL EXAMINATION FORM

To be filled by a Medical Officer Only.

FULL NAME OF STUDENT.....

SEX: MALE/FEMALE.....

HB TEST:

STOOL:

URINE MICRO.....

T.B TEST.....

EYE EXAMINATION.....

E.N.T.....

CHEST.....

CHEST X-RAY.....

ABDOMEN.....

ADDITIONAL INFORMATION Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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I certify that I have examined the above Student and consider that he/she is physically/not physically fit for further studies.

NAME & SIGNATURE DESIGNATION & STAMP