

**JELLY'S INSTITUTE OF HEALTH AND ALLIED SCIENCES. (JIHAS)**

**(Moto: Building a Health Tomorrow)**



**P.O. BOX 2816, Mwanza**

Email: [info@jihas.ac.tz](mailto:info@jihas.ac.tz)

[www.jihhas.ac.tz](http://www.jihhas.ac.tz)

**Contact phone:0759139707/0710206229**

Please attach  
your photo  
here

**JOINING INSTRUCTIONS**

**ACADEMIC YEAR 2022/2023 –**

**SEPTEMBER INTAKE**

- A. TECHNICIAN CERTIFICATE IN PHARMACEUTICAL SCIENCES ( )
- B. TECHNICIAN CERTIFICATE IN CLINICAL MEDICINE ( )
- C. ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES ( )
- D. ORDINARY DIPLOMA IN CLINICAL MEDICINE ( )

NAME OF THE SELECTED STUDENT: .....

**1. Welcome message**

Congratulations for being selected to join Jellys Institute of Health and Allied Sciences (JIHAS) in the academic year 2022/2023 SEPTEMBER INTAKE. You have made the right choice to join the family of experienced team to enlighten your career in the profession of Pharmaceutical Sciences and Clinical Medicine.

**2.**The College is located in Mwanza City at Nyasaka opposite to Nyasaka Roman Catholic church

**3.** Date of Reporting and Registration: All selected students should report at the college for registration in 3<sup>rd</sup> October 2022.

**4.** Payment of Tuition Fees and administration fees are payable in full at the beginning of the academic year or in installments (up to four instalments).

The fees can be paid in up to four installments. The first installment must be paid before registration.

**THE COLLEGE DOES NOT ACCEPT CASH OR MOBILE MONEY PAYMENTS**

**ALL PAYMENTS SHOULD BE DONE DIRECTLY INTO THE COLLEGE BANK ACCOUNT WRITTEN BELOW:**

<b>Account name</b>	<b>JELLYS INSTITUTE OF HEALTH AND ALLIED SCIENCES (JIHAS)</b>
<b>Bank</b>	<b>NMB</b>
<b>Account number</b>	<b>32310002211</b>

**5.GENERAL REQUIREMENTS FOR ALL PROGRAMMES**

When at **JIHAS**, report at the admission office with the following

1. Original Bank Pay-in slips for Tuition fees and other charges
2. Dully filled-in Medical Examination Form
3. Original Certificate of Secondary School Education (CSEE)
4. Birth Certificate
5. Four (4) recent colored passport size photos

**5.1 PAYMENT OF TUTION FEES AND OTHER CHARGES**

**BREAK DOWN OF JOINING INSTRUCTION PAYMENTS:**

S.N	ITEM	AMOUNT IN TZS	DURATION
1.	Registration fee	10,000/-	Every Year
2.	Identify card	10,000/-	Every Year
3.	Students union	20,000/-	Every Year
4.	Health insurance (NHIF)/ optional if you have already	60,000/-	Every Year
5.	NACTE Quality Assurance & Verification Fee	20,000/-	Every Year
6.	Local examination	200,000/-	Every Year
7.	National examination	200,000/-	Every Year
8.	Caution Money	50,000/-	Once
10.	Uniforms	100,000/-	Once
11.	PPE & Practical Placement Costs	100,000/-	Every Year
12.	Research	50,000/-	Every Year
	Sub – Total Instructions	820,000/-	
	Sub- Total Tuition Fees	Pharm 1600000/-	

		/Medic 1800000/-	
	GRAND TOTAL	Pharm 2,420,000/ C1 Med2,620,000	

## 6. PAYING IN FOUR INSTALLMENTS

### CLINICAL MEDICINE TRAINING

Each installment 655,000/= to be paid twice in each semester (at the beginning and on the second month of each semester)

To preserve your space, you have to pay 150,000/= that will be deducted in your fees.

### PHARMACEUTICAL COURSE

Each installment is 605,000/= to be paid twice in each semester (at the beginning and on the second month of each semester)

To preserve your space, you have to pay 150,000/= that will be deducted in your fees

## 7. UNIFORMS

### 7.1 CLINICAL MEDICINE

- Uniforms: Female and Male: - Two pairs of Uniforms
- Shoes: Black shoes. (Open shoes/sandals and canvas shoes are not allowed)

### 7.2 PHARMACEUTICAL SCIENCES

- Uniforms: Female and Male; - (Two pairs of Uniforms)
- Shoes: Black Leather shoes; - (Open shoes/ sandals and canvas shoes are not allowed)

## 8. Recommended items for personal use by the students

**The following items are recommended to the Pharmaceutical students.**

- Scientific calculator
- Tanzania Pharmaceutical Handbook (TPH) – A manual book for student's independent studies
- Two white laboratory coat (long sleeves)
- Gloves box

(will be available at college shop)

**The following items are recommended to the Clinical Medicine students.**

- a) Two Clinical coats (long sleeves)
- b) Stethoscope
- c) Blood pressure machine (sphygmomanometer)
- d) Thermometer
- e) Pulse meter  
(will available at college shop)

## **9. Hostels (optional)**

Hostels service is available free of charge to the 200 students who will report earlier.

### **The requirements for Hostellers are as follows:**

- a) Pocket money for meals
- b) Internal transport to practicum sites.
- c) 1 mattress 3X6
- d) 2 Pairs of bed sheets (any color)
- e) Pillow, Towel
- f) Mosquito net
- g) One bucket for laundry activities
- h) Other personal stuffs like laundry soap, toiletries, tracksuit for sports, few pairs of casual clothes, sandals, sport shoes etc.

## **10.Discipline**

All students are supposed to demonstrate good behaviors within and outside the campus as prescribed in the students' bylaws. Failure to that shall subject the offenders to appropriate disciplinary actions.

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**STUDENT'S MEDICAL EXAMINATION REPORT**

NAME OF THE STUDENT (in full) .....

Nationality..... Age..... Sex..... Marital Status.....

**PERSONAL HISTORY**

The medical Examination carried out at our Laboratory show the abovementioned student is suffering/  
Not suffering the diseases indicated below

- a) Tuberculosis.....
- b) Cardiac Diseases.....
- c) Syphilis or Gonorrhoea.....
- d) Allergies.....

**PHYSICAL EXAMINATION**

- 1. Height.....2. Weight.....
- 2. Chest- Lungs.....  
Heart.....  
BP .....
- 3. Abdomen  
Organs.....  
Pregnancy.....
- 4. Skin disease.....
- 5. Eyes: Conjunctive.....pupils.....
- 6. Teeth.....
- 7. Ears, Nose, Throat.....

**LAB INVESTIGATIONS**

ESR..... WBC.....B/S.....Hgb..... Stool..... Urine.....STI.....

Any physical challenges of the prospective student plus the Doctor's remarks:

.....

DOCTOR'S RECOMMENDATIONS:

I have examined Mr. / Mrs. / Miss..... and considered that he/she is FIT/ NOT FIT to be enrolled as a student at Jelly's institute of Health and Allied Sciences.

NAME OF THE Doctor.....

Qualifications.....

Hospital; / Dispensary..... (Official Stamp)

Signature..... Date.....