SOKO MEMORIAL INSTITUTE OF HEALTH AND ALLIED SCIENCES (SMIHAS)
P.O BOX 26 URAMBO TABORA
TEL: +255 784/767 394309
E MAIL: info@sokomemorial.ac.tz
Website: www.sokomemorial.ac.tz/

PHOTO

APPLICATION FORM FOR THE ACADEMIC YEAR 2025/2026 SEPTEMBER INTAKE

APPLICANT PRIOR QUALIFICATION:

Name of Secondary School Attended: ……

Form four index Number: | | | | | | | | | | | **Year Completed:** | | | | |

Subjects' grades attained:

Physics/Engineering Sciences ☐ **Chemistry** ☐ **Biology** ☐ **Basic Mathematics** ☐ English

Name of Primary School Attended:..... Year Completed: | | | | |

Name of Advanced Secondary School attended:

Form six index Number: …… **Year Completed……**

Subjects' grades attained:

Physics ☐ **Chemistry** ☐ **Biology** ☐ **Mathematics** ☐ **History** ☐ **English** ☐

Geography ☐ **Kiswahili** ☐

APPLICANT BASIC PARTICULARS:

First Name……. Middle Name…… Last Name…….

Date Of Birth…… Gender……Physical Impairment…….

Nationality……

APPLICANT CONTACT DETAILS:

Postal Address……...Email Address……

Phone Number…….....Country of Resident……...

Region Of Resident……. District Of Resident…….

APPLICANT NEXT OF KIN

NEXT OF KIN/ PARENT/GUARDIAN

Full Name……. Postal Address…….....

Phone Number……...Email Address……..……

Country Of Resident……Region of Resident: ……..……...

District Of Resident: ……. Relationship Type……

WRITE No 1 AND 2 IN THE CHECK BOX INDICATING THE COURSE OF YOUR CHOICE *(1) for the course of your first choice and (2) for the course of your second choice.*

COURSE	**Applicant must have a Certificate of Secondary Education Examination (CSEE) with the minimum of;**
☐ ORDINARY DIPLOMA IN CLINICAL MEDICINE	Four (4) passes in non-religious Subjects including "**D**'' in Chemistry, Biology, and Physics/Engineering Sciences a Pass in Basic Mathematics and English
☐ ORDINARY DIPLOMA IN PHARMACEUTICAL SCIENCES	Four (4) passes in non-religious Subjects including a **"D''** Pass in Chemistry and Biology. A Pass in Basic Mathematics and English Language is an added advantage.

NOTE: You must have filled in all the information above CORRECTLY especially all phone numbers and email addresses. If not sure, go back and proofread your information for correction.

Verification:

The following should be attached to this application form:

1. Copy of the Secondary school certificate.
2. Original application fee of (TZS 20,000/=) receipt or copy of the receipt ***(nonrefundable***).
3. Copy of birth certificate.

Applicant Statement:

I have acquainted myself with the instructions for application to the Soko Memorial Institute of Health and Allied Sciences (SMIHAS) and certify that to the best of my knowledge, the information given above is **CORRECT**. I understand that presenting false information leads to **DISQUALIFICATION**

Date …… Signature of Applicant: ……

NOTE:

1. This form should be returned to the Registrar (Admission Office) before the11th of July 2025
2. Selected applicants will be notified early in October 2025.
3. Other information **will be** obtained through the joining instructions available on the website. (**www.sokomemorial.ac.tz/**)
4. The new Academic year for September intake 2025/2026 starts on October 2025
5. Application forms without bank pay-in slips will not be processed.
   Filled Application form should be sent to the institute address: **P.O Box 26 Urambo Tabora**
6. **Or** Admission email admission@sokomemorial.ac.tz
7. The application fee (TZS 20,000/= **non-refundable**) should be deposited in the account number shown below.

Bank: CRDB Bank
Account No: 0150431053300
Name of Account: SOKO SANTA MARIA ACADEMY LTD
CONTACTS:
ADMISSION EMAIL: admission@mihs.ac.tz
Mobile: 0754649199/0784394309 /0656470402