**SOKO MEMORIAL INSTITUTE OF HEALTH AND ALLIED SCIENCES (SMIHAS)**
**P.O BOX 26 URAMBO TABORA**
**TEL: +255 760 675 764 /784 394 309**
**E MAIL: info@sokomemorial.ac.tz**
**Website: www.sokomemorial.ac.tz/**

# JOINING INSTRUCTIONS FOR BASIC CERTIFICATE, AND ORDINARY DIPLOMA IN CLINICAL MEDICINE AND PHARMACEUTICAL SCIENCES 2026/2027.

**NACTE REG/NACTVET/1176**

## JOINING INSTRUCTIONS

The Management of SOKO MEMORIAL INSTITUTE OF HEALTH AND ALLIED SCIENCES congratulates you for being selected to join the Institute for studies of an Ordinary Diploma in Clinical Medicine / Pharmaceutical sciences.

Dear …….....

It is with great pleasure to inform you that, you have been selected and allowed to report on **14.09.2026** And qualified to pursue the course of……..... Which will start on ……. 2026 URAMBO – TABORA.

**Soko Memorial Institute of Health and Allied Sciences (SMIHAS) offers the following courses**

| COURSE | Duration (Years) | Entry Qualifications | Tick |
|---|---|---|---|
| **Stashahada ya Afisa Tabibu** (Diploma in Clinical medicine) | **3** | Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) passes in non-religious subjects including Chemistry, Biology and Physics/Engineering Sciences. | |
| **Stashahada ya Famasia** (Diploma in Pharmaceutical Sciencies) | **3** | Holders of Certificate of Secondary Education Examination (CSEE) with at least Four (4) passes in non-religious subjects including Chemistry & Biology | |

**Admission Requirements**

The orientation week for all new students shall begin on …….

All candidates must undergo a Medical Examination and bring with them a filled Medical Certificate of Fitness/Health (A Medical Examination Form/Certificate is enclosed herein),

All candidates must bring Form IV Certificate, Birth certificate, Fee pay in-slip for first installment, as indicated in the fee structure.

**APPLICANT DETAILS (MAELEZO YA MWOMBAJI)**

| First name | Second name | Last name | Date of Birth | Nationality |
|---|---|---|---|---|
| | | | | |

| Gender | | Marital Status | | You have a disability | | | |
|---|---|---|---|---|---|---|---|
| Male | Female | Single | Married | Yes | No | | |
| | | | | | | | |

**PERMANENT HOME ADDRESS (ANUANI YA KUDUMU)**

| Country/Nchi | Region/mkoa | District/wilaya | Ward/kata | Village /Street |
|---|---|---|---|---|
| | | | | |
| **Country code** | **Address** | **Telephone** | **Email** | **Home Telephone** |
| | | | | |

**Highest level of Education ……..…**

**Religion:** ……..……..
(Specify) ROMAN CATHOLIC, LUTHERAN, ANGLICAN, CASFETA, TUCASA, SHIR, BAKWATA

**Sports and Games**
**…….……**
**….**
(Specify) FOOTBALL, NETBALL, BASKETBALL, VOLLEYBALL, JOGGING, OTHER

NAMBA YA
NIDA……

**Father:**
Name……...…….……Phone No……
Address…….
**Mother:**
Name……..……...Phone No……
Address……..
**Guardian (Mlezi)**
Name……..……...Phone No……
Address……..
**Close relative (Jamaa wa karibu)**
Name……..……...Phone No……
Address……..

**TAFADHALI MALIPO YOTE YAFANYIKE BENKI YA NMB**

**A/C No 51310045334 JINA Soko Memorial Institute.**

## 1. FEE STRUCTURE FOR ACADEMIC YEAR 2026/2027

| | PROGRAM | TUITION FEE |
|---|---|---|
| 1 | CLINICAL MEDICINE ⟶ | 1,600,000/= |
| 2 | PHARMACEUTICAL SCIENCES ⟶ | 1,600,000/= |

## 2. OTHER CHARGES

| | ITEM | AMOUNT | PAYED |
|---|---|---|---|
| 1 | Registration Fee | 60,000/= | Every Year At The Beginning Of the First Semester |
| 2 | StudentS' Union | 10,000/= | Every Year At The Beginning Of the First Semester |
| 3 | Nactvet Quality Assurance Fee | 20,000/= | Every Year At The Beginning Of the First Semester |
| 4 | Local Examination | 300,000/= | Every Year At The Beginning Of the First Semester |
| 5 | Stationery | 65,000/= | Every Year At The Beginning Of the First Semester |
| 6 | Internet | 25,000/= | Every Year At The Beginning Of the First Semester |
| 7 | Sports | 20,000/= | Every Year At The Beginning Of the First Semester |
| 8 | Caution Money | 50,000/= | First Semester (First Year) |
| | TOTAL | 550,000/= | |

## 3. TUITION FEE + OTHER CHARGES

| | PROGRAM | TUITION FEE | OTHER CHARGES | TOTAL |
|---|---|---|---|---|
| 1 | CLINICAL MEDICINE ⟶ | 1,600,000/= | 550,000/= | 2,150,000/= |
| 2 | PHARMACEUTICAL SCIENCES ⟶ | 1,600,000/= | 550,000/= | 2,150,000/= |

## 4. PAYMENTS WILL BE DONE IN FOUR (4) INSTALLMENTS

**For Clinical Medicine/Pharmaceutical Science.**

| | PAYMENTFOR: | 1ST INSTALLMENT (13/10/2025) | 2ND INSTALLMENT (01/01/2026) | 3RD INSTALLMENT (01/04/2026) | 4TH INSTALLMENT (25/06/2026) | TOTAL |
|---|---|---|---|---|---|---|
| 1 | TUITION FEE & OTHERS | 537,500/= | 537,500/= | 537,500/= | 537,500/= | 2,150,000/= |
| 2 | HOSTEL | BURE | BURE | BURE | BURE | |

**TAFADHALI MALIPO YOTE YAFANYIKE BENKI YA NMB**
**A/C No 51310045334 JINA Soko Memorial Institute**

## 9. MCHANGANUO WA MALIPO KWA KOZI ZOTE MWAKA WA 1-3

| | | | |
|---|---|---|---|
| 1 | **ADA** | **1,600,000/=** | **KWA MWAKA – Ni lazima** |
| 2 | **MICHANGO (Others)** | **550,000/=** | **KWA MWAKA – Ni lazima** |
| 3 | **MALAZI (HOSTEL)** | **BURE** | **BURE** |
| | **TOTAL** | **2,150,000/=** | **KWA MWAKA** |

**MALIPO MENGINE – MICHANGO KWA KOZI ZOTE MWAKA WA KWANZA (1) FIRST YEAR. NMB A/C No 51310045334 JINA Soko Memorial Institute**

| | | SEMESTER I | SEMESTER II | MAELEZO |
|---|---|---|---|---|
| 1 | NHIF KADI YA MATIBABU | 50,400/= | …….. | Ni lazima kila mwanachuo kuchangia BIMA ya Afya kila mwaka.(**mwenye BIMA hatolipia**) |
| 2 | SARE YA CHUO | 200,000/= | …..…… | Mwanachuo atachangia mara moja kwa miaka 3, atapewa Uniform mbili, Sweta, Clinical Coat na T-shirts mbili. Au anaweza kushona uniform nyumbani kwa kufuata muongozo |
| 3 | VITABU VYA MAZOEZI (Procedure Books) | 30,000/= | …….. | Mwanachuo atachangia mara moja tu kwa miaka 3. |
| **4** | **PESA YA MITIHANI YA WIZARA** | | **150,000/=** | **Inalipwa kila mwaka wizarani kupitia Chuoni.** |
| **5** | **Field work** | | | **Mwanafunzi atajitegemea gharama** |
| | **JUMLA** | **380,400/=** | **150,000/=** | |

NB: ***Pia Mwanafunzi aliyetimiza Umri wa miaka 18 anatakiwa kufika chuoni na NIDA au namba ya NIDA, Lengo ni kurahisisha kwenye zoezi la kupata Bima ya Afya NHIF.***

**MAHITAJI MUHIMU YA MWANACHUO**

**(KWA VIFAA VILIVYOWEKEWA GHARAMA PIA VINAUZWA CHUONI AU WAWEZA KUTOKA NAVYO NYUMBANI)**

1. **MAHITAJI MUHIMU YA MWANACHUO**.

Mwanachuo kabla ya kuanza masomo lazima awe na vifaa vifuatavyo:-

**A. VIFAA VYA MASOMO,**

- Kamusi ya Tiba (Medical Dictionary) - Inauzwa Chuoni (Tsh 25,000/= )
- Futi kamba (Tape measure Tsh 1,000/=) na rula Tsh 1,000/=
- Kalamu za rangi kwa ajili ya kuchora @ 1,500/=
- Kalamu za wino (blue, red na green @ 200/=)
- Madaftari (Counter books 5 Quire 2 @2,500/= au Quire 3@3,500/=)

**B. VIFAA VINGINE.**

a) Nyenzo za kusalia katika dhehebu lako.(Misaale ya waamini, Rozari kwa wakatoliki) b) Chandarua (Mviringo) 4 kwa 6

c) Blanketi 1

d) Mashuka manne (4) yenye upana na urefu wa kutosha kufunika godoro (Urefu mita 2½ na mita 1½ upana) 4

e) Taulo 1

f) Kwa wavulana viatu vyeusi vilivyofunikwa, viwe vya ngozi, viwe na kisigino kifupi (jozi 2), soksi nyeusi.

g) Kwa wasichana viatu vyeusi vilivyofunikwa viwe vya ngozi, viwe na kisigino kifupi au visiwe na kisigino (jozi 2), na Soksi jozi 2 nyeupe

h) Ndoo ya plastiki yenye mfuniko ya lita 20 (zinauzwa chuoni) **Tsh 5,000/=**

i) Matumizi ya lazima sabuni, mafuta, vibanio vya nguo, kitana.

j) Box moja (1) la clean gloves **Tsh 10,000/=**

k) Mfagio wa plastic (broom), Raba ya Kudekia na brashi**(Tsh 10,000=)** Vifaa vya michezo vyenye ubora (Viatu vya kuchezea mpira wa miguu KE na ME au Raba za kukimbilia /Jogging, Volleyball, Netball na Basketball- Unakuja navyo.

l) Vifaa vya michezo Bukta, Fulana, Soksi (Rangi inaweza kuwa ya Blue,Nyeupe,kijani au nyekundu)**ni lazima kushiriki michezo chuoni**

m) Kwa wanafunzi wa kozi ya utabibu(Clinical medicine) tu watatakiwa kuwa na vifaa vifuatavyo:- Stethoscope,BP machine and Thermometer (150,000/=)

**NB: KWA WALE WANAFUNZI WANAOISHI CHUONI HOSTEL NI BURE GODORO NA KITANDA UNAPEWA BURE CHUONI, MAJI NA UMEME VINAPATIKANA MUDA WOTE CHUONI.**

MEDICAL EXAMINATION CERTIFICATE

A: PERSONAL DETAIL

FIRST NAME …… MIDDLE NAME ……

SURNAME…… AGE…… SEX……

MARITAL STATUS……

HOME ADDRESS VILLAGE …….. WARD……

DISTRICT…… ……..

B: PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No. If Yes give the results:

1. Tuberculosis…… 2. Leprosy……..

3. Pneumonia…… 4. Typhoid fever……

7. Rheumatic fever…… 8. Allergy disorder……

9. Heart Disease…… 10. Recurrent headache……..

11. Gastric or duodenal ulcer……

12. Hepatitis B…… 13. Recurrent indigestion……

14. Jaundice…… 15. Dysentery……

16. Sickle cell diseases…… 17. Varicose veins……

18. Kidney or urinary diseases……

19. Other forms of Liver diseases……

20. Epilepsy …… 21. Diabetes mellitus……..

22. Psychotic disorders…… 23. Deformity (state type)……

24. Ear, nose or throat disorder……

25. Eye disorder…… 26. Skin disease……

27. Gynecological disorder…… 28. Skin disease……

29. Malaria other tropical disease……

30. Major or minor operations…… 31. Serious accidents……

32. Any other serious disorder……

C: PHYSICAL EXAMINATION

Height…… Weight…… BP:……/……

HB:…… RBG……

Cardiovascular System..... Urine Analysis……..

Stool analysis: Special emphasis on Hookworm or Bilharzia ……..

(a) Neuotrophils..... (b) Eusinophils..... (c) Basophiles.....

(d) Lymphocytes…….. (e) Monocytes..... (f) ESR.....

Serology: Widal test..... VDRL.....

6. Pregnancy Test (Female only) .....Hepatitis B:……..…

D: <u>CONCLUSION</u>

I have examined Mr/Mrs/Miss/Sr/Br/Fr……..

Aged ..... years old and considered that she/he is physically, mentally fit to be registered for studies/is not physically and mentally fit to be admitted to college studies.

……

……

Name of examining Dr./Clinician: ……..….

Signature……

Qualification:…… Date……..

……

Official Stamp: