

CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES

DAR ES SALAAM



REGISTRATION: REG/HAS /213

P.O. Box 65495 – DAR ES SALAAM-TANZANIA Phone: +255 745 333 883/ 696150150,
E-mail: info@cityinstitute.ac.tz, Web: www.ilalacollege.ac.tz
PHYSICAL ADDRESS: ILALA MUNICIPAL (VIDETE) CHANIKA-MVUTI ROAD

JOINING INSTRUCTION TO ORDINARY DIPLOMA PHYSIOTHERAPY, OPTOMETRY AND RADIOGRAPHY

BASIC REQUIREMENTS FOR SPECIFIC COURSES

1. PHYSIOTHERAPY

1. Goniometer
2. Patella Hummer
3. Stethoscope
4. Tape Measure
5. BP Machine
6. Pulse Oximeter
7. Thermometer

2. OPTOMETRY

1. PD RULER
2. OPTICAL PLIERS
3. CHIPPING PLIER
4. CALCULATOR

GENERAL REQUIREMENTS.

The Reporting Date to the College is September 2025 and the Beginning of Semester I For September Intake is

On arrival at **CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES**, report at the office of the Registrar with the following:

Admission letter to **CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES**

Copy of certified Certificates of Secondary School Education Copy

of Birth certificate/Affidavit

Four recent colored passport size.

Warning:

It is criminal offence to submit **FALSE** information/Certificates.

COLLEGE UNIFORM

The college have a standard uniform dress, for Health and Allied Sciences, students **MUST** dress respectably at ALL times when they are at the college and when going out under the name of the college in other formal academic activities such as study tours, industrial /field/rotation or practical training etc. **NOTE:** ALL uniform is found at the college by paying 140,000/- **only**.

FEMALES

- Two white gowns.

Note. It must be at least thirty centimeters (30 cm) below knees (Decent one) Flat

- white/black shoes (Open shoes or sandals are not allowed at the college campus)

Two white laboratory/Clinical coats (Long sleeves)

Note: Jeans style is not allowed at the college campus.

MALES

- White shirts preferred long sleeves Khaki colored two pairs of trousers (Cotton materials)

Note: Jeans style is not allowed at the college campus. Black

- or brown leather shoes (Open shoes/ sandal are not allowed)

- Two white laboratory/ Clinical coats (Long sleeves)

REQUIREMENTS FOR HOSTEL STUDENTS

- 4 bed sheets
- 1 pillow + 2 pillow cases
- 1 mosquito net
- 1 bucket
- Towels
- Open shoes/sandals and canvas
- shoes for casual stay
- Mattress FT 2 1/2

REQUIREMENTS FOR PAYMENTS OF COLLEGE FEE AND OTHER CHARGES

Fees should be paid in FULL at the beginning of each academic year or in **FOUR installments**.

Fee once paid will not be refunded if a student withdraws or leaves the College without permission from the principal or is disqualified in examination or dismissed for indiscipline.

Payment by cheque, International Money Orders (IMO) etc. is accepted prior to clearance by the bank. Payment by M-Pesa, Tigo Pesa, and Airtel Money is not accepted. **FEE** must be paid through the college bank account.

COLLEGE FEE FOR 2024 /2025

All payments of COLLEGE fee shall be paid directly to College bank Account, at any branch of NMB Bank OR DCB BANK.

○ NMB Account Number: **24210027716**

Name: **CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES**

DCB Account Number: **000310050000075**

Name: **CCOHAS ILALA CAMPUS**

Bring the bank pay in slips to the college WHEN arriving at the college.

TUITION FEE AND OTHER PAYMENT DESCRIPTION

ITEM	AMOUNT	RESPONSIBLE	PERIOD
COLLEGE FEE	1,500,000/-	ALL	Paid at ones or in FOUR installments

Other Charges

IDENTITY card	10,000/-	ALL	Once at the begin of first semester
HOSTEL	FREE	ALL	ALL SEMESTER
NACTE quality Assurance	30,000/-	ALL	To be Paid at the college campus
Local examination	300,000/-	ALL	Every year at the begin of first semester 250
Caution money	120,000/-	ALL	Once at the begin of first semester (non-refundable)
White rim paper	2 pcs	ALL	Once at the begin of each semester
College Stationary	200,000/-	ALL	Every year at the begin of the year
Registration Fee	120,000/-	ALL	At the begin of first semester
Maintenance Fee	150,000/-	ALL	At the begin of first semester
TOTAL	900,000/-		

PAYMENT MODE IN INSTALLMENTS

FIRST SEMESTER	AMOUNT	PERIOD
First installment	650,000/-	At the begin of 1 st semester when reporting
Second installment	550,000/-	Two months after opening the college
TOTAL	1,200,000/-	

SECOND SEMESTER

Third installment	650,000/-	At the begin of 2 nd semester when reporting
Fourth installment	550,000/-	Two months after opening the college
TOTAL	1,200,000/-	

ANNUAL TUITION FEES AND OTHER CHARGES 2,400,000

OTHER PAYMENTS DEPENDING ON SPECIFIC COURSE/PROGRAM AND YEAR OF STUDY

ITEM	AMOUNT	RESPONSIBLE	PERIOD
Clinical Rotation (Optometry, Radiography, Physiotherapy	400,000/-	All students with clinical rotations	Every semester with clinical rotations shall be paid one month before commencement of rotations at the begin of Each Semester
Pharmacy Practice/ Environmental Field	270,000/-	All students with field	Every semester with clinical rotations shall be paid one month before commencement of rotations at the begin of Each Semester
Supplementary/ Special Examination	70,000/-	Per module	
Hospital examination Fee	150,000/-	ALL	At the begin of each semester for Radiography, Physiotherapy Students ONLY
NACTE/Ministry Examination fee	160,000/-	ALL	At the begin of second semester
GRADUATION	30,000/-	ALL STUDENT FIRST YEAR AND SECOND YEAR	At the begin of second semester
Medical examination check- up(to be conducted at the College	10,000/-	ALL STUDENTS	EVERY student when you report at the College (TO BE PAID AT THE COLLEGE)

Other payments Depending on specific program shall be paid direct to college bank
account(Clinical rotation,Hospital examination,NACTVET/Ministry Examination fee etc)

DRDB BANK: **0150964441400**

Name: **CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES**

You are warmly welcome

PRINCIPAL

CITY INSTITUTE OF HEALTH AND ALLIED SCIENCES

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