

HURUMA ISNTITUTE OF HEALTH AND ALIED SCIENCNES



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All correspondence to be addressed to the Principal

JOINING INSTRUCTION

Huruma Institute of Health and Allied Sciences are welcome you to join Health training for level 6 Diploma in Nursing, the year **2021/2022**. The Academic training shall start on **18/10/2021**.

Original Secondary education Certificate, TNMC Certificate, Transcripts from NACTE if you graduated after 2015, and Practice License.

Personal needs like **bed sheets will be available in the college for 18,000/= to make Uniformity for all students, White sweta will be available in the College for 16,000/= long sleeve and 14,000/=Short sleeve. Kindly you will buy in the College to make uniformity.**

SCHOOL FEE STRUCTURE

| S.N | ITEMS | PER YEAR |
|-----|-------------------------------|-----------------|
| 1 | Meals | 800,000 |
| 2 | Accommodation | 480,000 |
| 3 | Tuition Fees | 1,200,000 |
| 4 | Examination NACTE | 15,000 |
| 5 | Internal Examination | 40,000 |
| 7 | Identity card | 5,000 |
| 8 | Caution money | 30,000 |
| 9 | Stationeries | 40,000 |
| 10 | Clean gloves/year | 100,000 |
| 11 | Library and Internet services | 50,000 |
| 12 | Graduation | 60,000 |
| | Total | 2820,000 |

NB. All money should be depositing in the account number 40403500007 NMB.
Name of account: Our Lady of Kilimanjaro Sisters

Other expenses

- Research 100,000/=
- Midwifery book 20,000/=
- MOHCDGEC 150,000/=
- 2Tshirt 20,000/=
- Student Union 10,000/=

Come with pay in slip please.

Come with your staff uniform for class and practical as well as 2 Skirts for girls and 2 Trousers for boys (dark blue) for shamba dress. Come with Truck suit Light blue for self study.

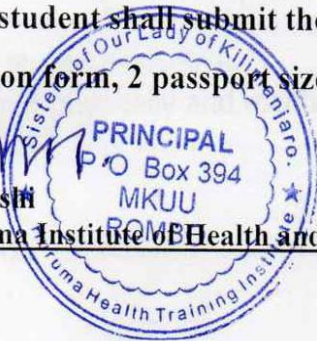
Students cover the costs of transport **to and from** School on leave by themselves.

Come with 1 rim paper A 4.

On reporting, the student shall submit the following; page number one of admission form, medical examination form, 2 passport size photos and bank slip used to pay the fees.


Sr. Clara T. Musili

Principal Huruma Institute of Health and Allied Sciences



NB. Attached is medical examination form. Should be filled by Medical Doctor who is qualified and registered as a Medical Doctor.

**HURUMA HEALTH TRAINING
INSTITUTEMEDICAL CERTIFICATE**

First name..... second name.....Surname
Age..... Sex.....
Marital status.....Citizenship

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.
Tuberculosis..... Pneumonia..... Rheumatic Fever.....
Allergy.....
Gastric or duodenal..... Jaundice.....
Recurrent indigestion..... Dysentery..... Varicose VeinsKidney or urinary
disease..... Diabetes.....Epilepsy..... Deformity..... Psychotic.....Eye
disorder.....
Ear , Nose or Throat disorder..... Skin disease.....Anemia.....
Gynecological disorder.....
Malaria or other tropical disease.....
Major or minor operations..... Serious accidents.....
Any other serious disorder.....

PHYSICAL EXAMINATION

Skin disease..... Eye Conjunctivae Pupils.....
Vision: Right.....Left.....
Please state condition of Ears (if any discharge).....
Mouth and throatNose.....Any Abnormality.....
Cardiovascular System
Heart Disease.....
Blood Pressure: Systolic.....Diastolic.....
Heart: Any Murmur?Arteries and Veins.....
Abdomen: Hernia.....Masses.....Liver.....
Hydrocele.....Kidneys disease.....Rectal disease.....
Any Clinical evidence of hyperacidity or gastric duodenal ulcer?.....

LABORATORY

Urine Albinum.....Sugar.....Bilharzia.....
Stool: Special emphasis on Hookworm or Bilharzia.
Blood examination : Hb Level.....
(a) Neutrophils.....
(b) Eusinophils.....
(d) Lymphocytes.....
(e) Monocytes.....
(f) ESR..... X-ray examination –Chest.....
Serology: VDRL.....Pregnancy Test

CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/... and considered
that she/he is/is not physically and mentally fit to be admitted to higher studies.

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Name..... Signature Date
Title Qualifications.....