CATHOLIC DIOCESE OF MOSHI
KIBOSHO INSTITUTE OF HEALTH
AND ALLIED SCIENCES (KIBIHAS)
P.O. BOX 866. MOSHI
+255 738 091 791 | +255 754986463
kiboshonursing@gmail.com
www.kibihas.ac.tz

**ADMISSION FORM**

**ORDINARY DIPLOMA IN CLINICAL DENTISTRY**

**15TH MAY, 2026**

**REF: KIBIHAS/CDT/ADM/DIPL/04/2026**

TO: _____

Dear Applicant,

**SUB: ADMISSION TO DIPLOMA IN CLINICAL DENTISTRY AT KIBIHAS FOR ACADEMIC YEAR 2026/2027**

We are delighted to inform you that NACTVET and KIBIHAS admission committee has verified your admission to the above stated course.
You are required to report on **28th September, 2026** and be registered to Admission Officer and Accountant, and get accommodation from the warden.

**1) ACADEMIC:**

i. Bring Copy of Original Certificates of secondary education, Leaving school certificate, Birth/Affidavit certificates and others if available.
ii. Come with this letter as a proof of your admission document.
iii. Bring copy of NIDA ID or Number.
iv. You must register within reporting time, otherwise the vacancy will be channelled to another person in need.

**NOTE:**

- ✓ In case you achieved your secondary education outside of Tanzania make sure you come with **EQUIVALENT LETTER** obtained from **NECTA.**
- ✓ The student will be accepted at the Institute after submitting bank pay slip for complete payments of the respective year and fulfil all Institute requirements, otherwise student will not be registered at the Institute.

**2) MEDICAL CERTIFICATE:**

i. Send the attached form of medical examination to Registered Licensed Medical Practitioner to examine you and accurately complete the form.
ii. If you 'are member of **National Health Insurance Fund (NHIF),** upon report submit the membership card to Accounts office, otherwise you must pay the sum of Tshs **50,400/=** to Control Number provided by NHIF during registration.

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PRINCIPAL
15 MAY 2026
P.O.BOX 866

## 3) INSTITUTE FEES AND OTHER CHARGES

- ✓ Come with original pay slip from Bank. Ensure that you get an official receipt for payments made after submit bank pay slips to the accountant.
- ✓ Ensure that you collect receipt for any payment made whether Bank or Cash
- ✓ Institute fees and other Cost maybe reviewed **accordingly** during training and you or your sponsor must abide to the changes (Early notice will be issued to student prior implementation).
- ✓ ***Once the fees and other Cost are paid, shall not be refunded or transferred to another Academic year or to another part.***
- ✓ Tuition fees and other charges can be paid by instalments as indicated on attached structure. For more details see the Attached Fees Structure.
- ✓ Student Must Pay **Final Examination Cost** conducted by **Ministry of Health Tsh. 150,000/=** earlier in the Begin of semester two (April) every academic year, otherwise student will not get examination number for end of semester II examination.
- ✓ **UNIFORM:** Upon reporting student must bring the sum of Tanzania shillings one hundred thirty five thousand **(Tshs 140,000/=) Cash** to Accounts office for uniform which include two pair of study uniform, Sweater, two pair T-shirts and Clinical coat.
- ✓ **Payment for Student Organisation (Kibosho Student Organisation – KISO)**

  To be paid to: **MKOMBOZI BANK**, Account number: **00521810471701**

  Account name: **KIBOSHO STUDENT ORGANISATION (KISO)**, Amount: **20,000/=**

## 4) OTHER REQUIREMENTS:

i. Recent 4 passport size photos blue in colour (both ears visible).
ii. Please note that Moshi is wet and cold in April to August bring umbrella and extra white sweaters.
iii. Black leather shoes - Low heeled for female student and white socks
iv. Black leather shoes - Low heeled for male and black or white socks.
v. A wrist watch having a second hand/arrow. (Saa ya mshale ya mkononi)
vi. Clinical thermometer (Mercury)
vii. Stethoscope, sphygmomanometer (Manual BP machine)
viii. For Female student come with **Black Skirt** which is long below knee not tight not transparent, you will wear after class and clinical hours as casual uniform.
ix. For Male student come with **Black Trouser** not tight not loose (Mlegezo), Not Jeans you will wear after class and clinical hours as casual uniform.
x. Laptop Computer

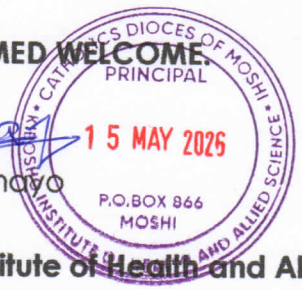
**5)** Ensure that you inform your **parents/guardian/sponsor** about this offer of admission and that you come with the above stated requirements.

**6)** When being at the Institute you should obey the regulations, institute by laws and all lawful instructions of all leaders and staff in the Training Institution/Hospital (Including Dressing and Hair style).

**7)** Reporting time from 9.00am to 5.30pm

**YOUR WARMED WELCOME.**

Sincerely,




Devota F. Shayo
**PRINCIPAL**
**Kibosho Institute of Health and Allied Sciences**

# FEES STRUCTURE FOR ACADEMIC YEAR 2026/2027

| INSTITUTE FEES | | | | | |
|---|---|---|---|---|---|
| SN | ITEM | FIRST YEAR SEMESTER | | | |
| | PAYMENT PATTERNS | I (OCTOBER) | II (JANUARY) | III (APRIL) | TOTAL |
| 1 | Tuition Fees | 720,000 | 540,000 | 540,000 | 1,800,000/= |

| OTHER COST (OUT OF INSTITUTE FEES) | | | | | |
|---|---|---|---|---|---|
| S/N | ITEM | FIRST YEAR SEMESTER | | | |
| | PAYMENT PATTERNS | I (OCTOBER) | II (JANUARY) | III (APRIL) | TOTAL |
| 1 | Administrative Cost | 290,000 | | 290,000 | 580,000/= |
| 2 | NACTVET Quality Assurance Fee(s) | 20,000 | - | - | 20,000/= |
| 3 | Special Faculty | 275,000 | - | 275,000 | 550,000/= |
| | TOTAL | 585,000/= | | 565,000/= | 1,150,000/= |
| | TOTAL COST | *1,305,000/=* | *540,000/=* | *1,105,000/=* | *2,950,000/=* |

## ACCOMODATION (HOSTEL):

- The hostel is offered at **two hundred thousand (200,000/=)** per year, But first year students will be given priority.

## BANK ACCOUNTS

**PAYMENTS SHALL BE DONE THROUGH BANK ACCOUNT FOLLOWING BELOW INSTRUCTIONS;**

## TUITION FEES

BANK: **CRDB BANK**

ACC.NAME: **KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES**

ACC.NUMBER: **01J1040224600**

## ACCOMODATION AND OTHER COST

BANK: **CRDB BANK**

ACC.NAME: **KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES**

ACC.NUMBER: **01J1041451400**

***MAKE SURE YOU PAY THE SCHOOL FEES AND OTHER COST TO THE RELEVANT ACCOUNT(S).***

KIBOSHO • CATHOLICS DIOCES OF MOSHI
PRINCIPAL
15 MAY 2026
P.O.BOX 866
MOSHI
KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCE

**NOTE:**

***This joining instruction form is for those who have been verified by NACTVET only. If you're not verified by NACTVET and your name doesn't appear at the list of verified applicants don't use it.***

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## MEDICAL EXAMINATION FORM

| GENERAL EXAMINATION | REMARKS |
|---|---|
| Eyes<br>Ears<br>Skin<br>Respiratory system<br>• Abdomen<br>• Spleen<br>• Liver<br>• Kidneys | |
| Others<br>• Hernia<br>• Pregnancy | |
| Gait<br>• Lower limbs<br>• Upper limbs any abnormality? Specify please. | |
| Blood<br>• BS<br>• Hb level<br>• Blood grouping<br>• Rbcs morphology<br>• VDRL<br>• Serostatus | |
| Stool<br>• Ova<br>• Trophozoites<br>• Larvae<br>• Cysts<br>• Other forms of parasites | |
| Urine<br>• Albumin<br>• Sugar<br>• Sediments<br>• Ova<br>• Pus cells<br>• Others | |
| Mental status: | |
| Other findings: | |
| Name of medical practitioner: _____<br>Signature: _____<br>Date of examination: _____<br>Official stamp: | |