CATHOLIC DIOCESE OF MOSHI

KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES

FEES STRUCTURE FOR CLINICAL DENTISTRY (THIRD YEAR-2026/27)

1) INSTITUTE FEES

SN	ITEM (Annually)	Third Year (2026/2027) SEMESTER			TOTAL
	PAYMENT PATTERNS	**I (OCTOBER)**	**II (JANUARY)**	**III (APRIL)**	
1	Tuition Fees	720,000.00	540,000.00	540,000.00	1,800,000.00

2) OTHER COST (OUT OF INSTITUTE FEES)

S/N	ITEM	Third year SEMESTER			TOTAL
	PAYMENT PATTERNS	**I (OCTOBER)**	**II (JANUARY)**	**III (APRIL)**	
1	Administrative Cost	290,000.00	-	290,000.00	580,000.00
2	NACTE Quality Assurance Fee(s)	20,000.00	-	-	20,000.00
3	Special Faculty	275,000.00		275,000.00	550,000.00
	TOTAL	**585,000.00**	**-**	**565,000.00**	**1,150,000.00**
	TOTAL PER ANNUM (FEE+O.CHARGES)	**1,305,000.00**	**540,000.00**	**1,105,000.00**	**2,950,000.00**

ACCOMODATION (HOSTEL)
The hostel is offered to two hundred thousand(TZS 200,000/=)per year

BANK ACCOUNTS
Payment shall be made through the following Accounts
TUITION FEE
BANK: **CRDB BANK**
ACC. NAME: **KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES**
ACC. NUMBER: **01J1040224600**

OTHER COST
BANK: **CRDB BANK**
ACC. NAME: **KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES**
ACC. NUMBER: **01J1041451400**

ACCOMODATION
BANK: **MKOMBOZI BANK**
ACC. NAME: **KIBOSHO INSTITUTE OF HEALTH AND ALLIED SCIENCES**
ACC. NUMBER: **00524318738403**

STUDENT ORGANIZATION
BANK: **MKOMBOZI BANK**
ACC. NAME: **KIBOSHO STUDENTS ORGANIZATION -(KISO)**
ACC. NUMBER: **00521810471701**