



ISIMILA INSTITUTE OF HEALTH AND ALLIED SCIENCES
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**GHARAMA ZA MAFUNZO YA STASHAHADA YA UTATIBU (DIPLOMA IN
CLINICAL MEDICINE) MWAKA WA KWANZA**

JINA LA MWANACHUO:

ANUANI:

TAREHE YA KURIPOTI:**hadi**

**YAH: WITO WA KUJIUNGA NA MAFUNZO YA STASHAHADA YA UTATIBU
(DIPLOMA IN CLINICAL MEDICINE)**

UTANGULIZI

Tunayofuraha kukuarifu kuwa umechaguliwa kujiunga na Taasisi yetu katika kozi ya Utabibu kwa ngazi ya stashahada. Hii ni kozi inayoendeshwa kwa muda wa miaka mitatu (3) ambayo imegawanyika katika mihula sita.

MAHALI TAASISI ILIPO

Taasisi ipo Mkoa wa Iringa, Wilaya ya Iringa eneo la Isimila, kilomita 17 kutoka Iringa mjini. Kutoka mjini unapanda daladala zinazoanzia **Stendi kuu ya zamani** zilizoandikwa **Mjini/Frelimo – Malagosi/Tanangozi**. Unashukia kituo cha Isimila Nursing/Chuoni.

ADA KWA MWAKA NA MALIPO MENGINE

Na	MAELEZO/UFAFANUZI	ADA (TSH)
1	Awamu ya kwanza (Wakati wa kuripoti muhula wa kwanza)	600,000
2	Awamu ya pili	600,000
3	Awamu ya tatu	600,000
	JUMLA	1,800,000

ZINGATIA

1. Ada haitabadilika katikati/ndani ya mwaka wa masomo, lakini inaweza kubadilika mwanzo wa mwaka wa masomo unaofuata kutegemeana na mabadiliko ya uchumi wa Taasisi na Nchi.
2. Wale tu ambao wamelipa nusu ya ada ya muhula ndio watakaosajiliwa kwenye muhula husika.
3. Ada ikishalipwa hairudishwi.
4. Ada unaweza kulipa yote au kwa awamu nne kama ilivyoainisha kwenye jedwali
- 5 Mwanafunzi asipotimiza kulipa ada kwa awamu husika hatapokelewa au atarudishwa nyumbani na akikaa nyumbani kwa muda wa siku 20 na zaidi atapaswa kurudia mwaka
- 6 Gharama za marudio ya mtihani (supplementary exam) ni Tsh. 30,000/= kwa somo na maombi ya mtihani maalumu (Special sit exam) ni Tsh. 50,000 kwa kila somo.

MICHANGO MINGINE

MALIPO YAFANYWE KUPITIA NAMBA ZA AKAUNTI ZIFUATAZO;

1. Ada iliyoainishwa kwenye jedwali ilipwe kwenye akaunti ya Taasisi ambayo ni **60510006286** Jina la akaunti ni **“ISIMILA NURSING SCHOOL CO.”- NMB.**
2. Gharama na michango mingine ilipwe kwenye akaunti ya Taasisi ambayo ni **60510025757** Jina la akaunti ni **“JANE CYPRIAN KALINGA”- NMB.**
3. Gharama za mitihani ya taifa ya Wizara ya Afya, Maendeleo ya jamii, Jinsia, Wazee na Watoto ni **Tshs.150,000/=**
4. Gharama za mitihani ya ndani kwa mwaka **Tsh 200,000/=**
5. Gharama za utafiti kwa mwaka wa tatu **Tsh 200,000/=**
6. Gharama za Huduma kwa jamii (Community Field Work) kwa mwaka **Tsh 200,000/= (ni kwa mwaka wa kwanza na wa pili)**
7. Fedha ya Dharura **Tsh 10,000/=**
8. Gharama kwaajili ya michezo **Tsh 10,000/=**
9. Gharama za kitambulisho **Tsh 10,000/=**
10. Gharama za usajili chuoni **Tsh 50,000/=**
11. Gharama za mafunzo kwa vitendo hospitali (Clinical practice) **Tsh 100,000/= inalipwa hospitali kwa Muhula.**

12. Ada ya Udhhibiti Ubora (Quality Assurance Fee) **Tshs.15, 000/=** Kwa ajili ya Baraza la Taifa la Elimu ya Ufundi (**NACTVET**).
13. Matibabu Tshs.**51,400/=** kwa asiye na bima na kwa mwenye bima afike na bima yake
14. Sare ni **Tsh 100,000/=**
15. Sweta zito **Tsh 35,000/=**
16. T-shirt ya chuo **Tsh15,000/=**
17. Huduma za maktaba **Tsh 20,000/=**
18. Huduma ya serikali ya wanafunzi ni **Tsh 10,000/=**

MUHIMU

MWANAFUNZI ANAPASWA KUJA NA VIFAA / MAHITAJI YAFATAVYO

1. Vifaa vya mazoezi kwa vitendo

- a. BP-MACHINE –Aneroid
- b. Procedure book Tsh 80,000/= paid to institute
- c. Stethoscope standard (Economy model)
- d. Mercury thermometer
- e. Tape measure
- f. Penlight
- g. Patella hammer
- h. Turning folk
- i. Stop watch
- j. Torch
- k. Mafaili mawili ya kukunja (folder file)
- l. Ream paper 2 each semester
- m. Passport size 4

2. Vifaa vya matumizi binafsi

Taasisi inatoa huduma ya mabweni kwa wanafunzi wote. Mwanafuzi anapaswa kuja na Vifaa vifuatavya kwa matumizi binafsi

- a. Mwamvuli au koti la mvua na buti za mvua (Gum boots)^[SEP]
- b. Shuka 4, 1 mto, blanket 1, chandarua 1, tauro na foronya^[SEP]
- c. Nguo za kujikinga na baridi koti au sweta^[SEP]
- d. Simu janja (smart phone) – Android (cell phone) yenye uwezo wa kupakua taarifa kutoka kwenye mtandao
- e. Vifaa vya michezo; track suit ya blue
- f. Nguo ya kulalia usiku, mto na taulo
- g. Godoro dogo 2.5*6, Taasisi itatoa kitanda.
- h. Viatu vya ngozi, vyeusi au vyeupe visivyo na kelele (me) na vyeupe tu (ke)
- i. Ndoo (plastic)
- j. Mto na Taulo

Chuo kitafungua Tarehe 25/9/2025.

Tunakutakia maandalizi mema na KARIBU Chuo cha Afya Isimila.

ASANTE.

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ELIAS GITU SEDOYEKA

MKUU WA CHUO

CHUO CHA AFYA NA SAYANSI SHIRIKISHI ISIMILA (IIHAS)

SIMU 0621129180

STUDENT'S MEDICAL EXAMINATION FORM

To the Medical Officer:

.....
.....

REF: Mr/Mrs/Miss.....

PERSONAL HISTORY

Surname Other names

Form Four Index No.....

Course

Nationality..... Age..... Sex..... Marital Status.....

Please examine the above named as to his/her fitness for undergoing the studies.

Signature: Date

PAST MEDICAL HISTORY

Any experience of loss of consciousness YES/NO If Yes treatment.....

Any neurological deficit YES/NO, If Yes specify.....
Treatments

Any experience of Fits/Convulsion YES/NO, If Yes treatments

CHRONIC ILLNESSES

Diabetes Mellitus YES/NO, If Yes when diagnosed.....

Current status: On diet On medication On insulin Not controlled

Cardiovascular conditions YES/NO, If Yes specify.....

Asthma YES/NO, If Yes how many attacks per months.....

Any mental illness YES/NO, If Yes On medications Not on medications

Any allergy YES/NO, If YES specify.....

Tuberculosis YES/NO If Yes Cured On treatment Not on treatment

Leprosy YES/NO, If Yes Treated On treatment Not on treatment

Any other chronic disease(s).....

PHYSICAL EXAMINATION

- 1. Height..... Weight.....
- 2. Chest
 - Lungs.....
 - Heart.....
 - BP.....
- 3. Abdomen
 - Organs.....
 - Other Mass.....
 - Pregnancy.....
- 4. Skin disease.....
- 5. Eyes:
 - Conjunctiva.....
 - Pupils.....
 - Sight: without glasses Right..... Left.....
 - Sight: With glasses Right..... Left.....
- 6. ENT.....

INVESTIGATIONS

a) ESR..... WBC..... B/S..... Stool..... Urinalysis VDRL b)
 Human Immunodeficiency Virus Test (optional)..... Any
 Physical disability of the Prospective student plus the Doctors
 recommendations.....

CONCLUSION

I have examined Mr./Mrs./Miss..... and considered that he/she is fit/not fit to be enrolled as a student at IIHAS

Name.....
Signature.....

Title..... Designation.....
Date.....

(Official Stamp)

This form must be filled with a registered medical officer