



ISIMILA INSTITUTE OF HEALTH AND ALLIED SCIENCES  
P.O.BOX 2567 - IRINGA  
TEL +255(0) 754 492 955 / +255(0) 754 587 137  
Email : principalisimilainstitute@gmail.com

## **FOMU YA KUJIUNGA NA CHUO KWA KOZI YA ASTASHAHADA YA SAYANSI NA TEKNOLOJIA YA MAABARA KWA MWAKA WA MASOMO 2025/2026**

Chuo cha Afya na Sayansi Shirikishi Isimila kipo kijiji cha Ugwachanya kitongoji cha Isimila kata ya Mseke Wilaya ya Iringa vijijini kilomita 17 kutoka Iringa Manispaa, Chuo kipo kandokando ya barabara iendayo Mbeya (Mbeya Main Road). Kufika chuoni utapanda Costa au haice kutoka Iringa Stendi kuu kituo cha kushuka ni Isimila gharama ya nauli ni Tsh 1500/= tu

### **1. MUDA WA MASOMO**

ASTASHAHADA : MIAKA MITATU

### **2. GHARAMA YA ADA**

**Ada kwa mwaka ni Tsh 800,000/=**

Malipo ya ada yanafanyika kwa awamu mbili

Awamu ya kwanza **Tsh 400,000/= wakati wa kuripoti**

Awamu ya pili Tsh **400,000/= mwanzoni mwa muhula wa pili**

### **3. GHARAMA NYINGINE**

- Mitihani ya ndani kwa mwaka Tsh 100,000/=
- Muhula wa kwanza Tsh 50,000/= anaporipoti
- Muhula wa pili Tsh 50,000/= anaporipoti
- Usajili wa mwanafunzi kila mwaka 30,000/= anaporipoti muhula wa kwanza
- Kitambulisho 10,000/=
- Fedha ya tahadhari 10,000/=
- Sare (suruali 2, shati 2, T-shirt 1, sweta 1) 130,000/=
- Laboratory coat 35,000/=
- Huduma za maktaba kwa mwaka 20,000/=
- Michezo kwa mwaka 10,000/=
- Maafali mwaka wa tatu 50,000/=
- Vifaa vya usafi kila muhula 20,000/=

#### **Cheti cha kuhitimu**

- Mwaka wa pili 25,000/=
- Mwaka wa tatu 25,000/=

#### **Mafunzo kwa vitendo**

- Mwaka wa pili 120,000/=
- Mwaka wa tatu 120,000/=

#### **4. MICHANGO MAALUMU YA WIZARA NA BIMA YA AFYA**

- Gharama za uendeshaji mitihani ya wizara
  - Mwaka wa kwanza 30,000/=
  - Mwaka wa pili 35,000/=
  - Mwaka wa tatu 35,000/=
- Gharama ya bima (NHIF) kwa mwaka 50,400/=

**MALIPO YA ADA YAFANYIKE KWENYE AKAUNTI YA CHUO JINA LA AKAUNTI: ISIMILA NURSING SCHOOL CO. NAMBA YA AKAUNTI: 60510006286 (NMB BANK)**

**GHARAMA NYINGINE ZILIPWE KWENYE AKAUNTI YA MICHANGO JINA LA AKAUNTI: JANE CYPRIAN KALINGA NAMBA YA AKAUNTI: 60510025757 (NMB)**

#### **5. MAHITAJI WAKATI WA KURIPOTI**

- Madaftari makubwa (counter books)
- Box 1 la gloves (Examination gloves)
- Safety boots (nyeupe)
- Scientific calculator
- Ream paper 2
- Spring file 1
- Godoro futi 2½ x 6 la nchi 6
- Viatu vyeusi vya kufunika kwaajili ya darasani na maabara (visiwe vya mikanda/open shoes, pia visiwe na kisigino kirefu au vinavyopiga kelele wakati wa kutembea)
- Soksi nyeupe kwa wasichana nyeusi kwa wavulana

#### **6. MAHITAJI BINAFSI**

Shuka jozi 1, blanketi 1, mto na foronya, taulo, nguo za michezo (rangi ya blue), ndoo ya kuogea, chandarua, Tochi na mwamvuli

#### **7. KUMBUKA**

- Michango yote ya Wizara na Bima inalipwa muhula wa kwanza kwa mwaka husika
- Ufikapo chuoni unatakiwa uwe umelipa nusu ya gharama ya ADA na michango husika kama ilivyoainishwa, tofauti na hapo hautopokelewa
- Sare zote zinapatikana chuoni
- Unatakiwa kuja na copy ya cheti (cha kuzaliwa, cha kidato cha nne/result slip) wakati wa kuripoti
- Mwanafunzi atakayechelewa kuripoti hatopokelewa
- Mwanafunzi atajitegemea chakula ambacho kinapatikana katika cafeteria ya chuo kwa bei nafuu
- Fedha za matumizi madogo madogo awapo chuoni pamoja na chakula

- Hosteli ni bure
- Mafunzo ya computer ni bure

**Masomo Yataanza Tarehe 18/08/ 2025**



ELIAS GITU SEDOYEKA  
MKUU WA CHUO  
SIMU: 0621129180  
CHUO CHA AFYA NA SAYANSI SHIRIKISHI ISIMILA  
P.O.BOX 2567 IRINGA-TANZANIA  
Email: [principalisimilainstitute@gmail.com](mailto:principalisimilainstitute@gmail.com)  
Website: [isimila.institute.ac.tz](http://isimila.institute.ac.tz)

## STUDENT'S MEDICAL EXAMINATION FORM

To the Medical Officer:

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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 INS

Name .....

Signature.....

Title ..... Designation .....

Date .....

(Official Stamp)

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**This form must be filled with a registered medical officer**