



ST. FRANCIS UNIVERSITY COLLEGE OF HEALTH AND ALLIED SCIENCES



A Constituent College of St. Augustine University of Tanzania

P.O. Box 175

Ifakara, Tanzania

Phone: (255) 23-2931-568

Fax: (255) 23-2931-569

Email: principal@sfuchas.ac.tz

Website: www.sfuchas.ac.tz

JOINING INSTRUCTIONS FOR THE DOCTOR OF MEDICINE PROGRAMME ACADEMIC YEAR 2023/2024

1. General Instructions

- 1.1 **LOCATION:** SFUCHAS is located in Ifakara town, about 110 Kilometres from Mikumi town. The town is reachable through buses from Dar Es Salaam, Morogoro, Iringa, Dodoma, and Mbeya. Ifakara can also be reached by direct train from Dar Es Salaam, Mbeya, and Makambako.
- 1.2 You should report to SFUCHAS between 7th and 20th October, 2023 to be appropriately guided by the Admissions Office
- 1.3 You should bring with you the **Admissions letter, Joining instructions, Birth certificate** along with your **ORIGINAL Form Four (O level) and form six (A level) Certificates (where applicable), a Medical Certificate of fitness from a recognized physician and two (2) recent passport size photographs.**

2. Payment of Fees and Registration

- 2.1 Fees and other financial obligations are the sole responsibility of the student and/or the sponsor or guardian.
- 2.2 Students must ensure that tuition fees are paid either:
 - i. In FULL at the time of registration to cover the whole academic year, **or**
 - ii. In TWO equal INSTALLMENTS at the beginning of each semester **or**
 - iii. In FOUR equal installments; TWO installments payable in semester 1 and the other TWO installments in semester 2. For those under the Higher Education Students Loans Board, will have to pay the difference of the tuition fees as in (i), (ii), or (iii).
 - iv. Student union (Tsh. 20 000=/) is payable in a separate CRDB account after generating a control number (invoice) from SFUCHAS SIMS
 - v. **account** which is accessible at www.sfuchas.ac.tz
 - vi. Only candidates who have paid the required College fee will be issued with admission cards to allow them attend classes.
- 2.3 **All administrative costs are payable in full at the time of registration (Beginning of the academic year)**

NB: The caution money within the administrative fee is non-refundable

2.4 No student will be admitted to the University without paying the fees as stated above.

2.5 Fees once paid will not be refunded under any circumstances

2.6 **Money payable to the University except student union should be affected directly via mobile money (Airtel Money, Tigo Pesa, and M-Pesa) or into SFUCHAS CRDB Bank account, CRDB Agents/ WAKALA/ SIMBANKING/USSD/MOB APP after getting control number SFUCHAS SIMS account.**

2.7 **Failure or delay to confirm within the stated time would lead to loss of the admission opportunity.**

2.8 Student transferred to SFUCHAS shall pay Tsh. 50, 000 as transfer fees.

3. GENERAL CONDUCT

3.1 Students admitted to SFUCHAS are expected to observe and abide by the Admission Regulations, Students By – Laws, Examination Rules and Regulations and any other lawful orders given by the SFUCHAS Management.

3.2 Students are required to **respect the Catholic goals of the University**; to conduct themselves always in a manner appropriate of their status as university students

3.3 As a student at SFUCHAS, you are required to be models in terms of conduct and behavior. The Student Bylaws booklet is expected to be issued at the time of registration.

3.4 SFUCHAS is a Catholic University, dress code is an important aspect and will be revealed at registration. Students are expected to be models of good behavior. You are a mature person; your dress code reflects your behavior.

NB: For any inquiries, please visit our website www.sfuchas.ac.tz, or contact us through email at admission@sfuchas.ac.tz OR phone calls at 0769810317 and 0658592300.



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FEE STRUCTURE FOR DOCTOR OF MEDICINE (MD) FOR ACADEMIC YEAR 2023/2024

Figures in TSHS

1: Payable to University

A: TUITION FEE

ACCOUNTS DEPARTMENT
BURSAR
ST. FRANCIS UNIVERSITY COLLEGE
P. O. Box 175
IFAKARA TANZANIA

S/N	Description	Year 1	Year 2	Year 3	Year 4	Year 5
1	Tuition Fee	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
	Total Tuition fee	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000

Tuition fee can be paid in four equal instalments; two instalments in semester one and the other two instalments in semester two.

B: ADMINISTRATIVE FEE

S/N	Description	Year 1	Year 2	Year 3	Year 4	Year 5
1	Registration fee	15,000	15,000	15,000	15,000	15,000
2	Sustainability Fund	45,000	45,000	45,000	45,000	45,000
3	ID Card	10,000	10,000	10,000	10,000	10,000
4	TCU Quality Assurance	20,000	20,000	20,000	20,000	20,000
5	Examination Fee	150,000	150,000	150,000	150,000	150,000
6	Caution Money	50,000				
7	Special Faculty Requirement	150,000	150,000	150,000	150,000	150,000
8	Community Outreach		150,000			
9	Internet Service	10,000	10,000	10,000	10,000	10,000
10	Graduation Fee					100,000
	Total Administrative fee	450,000	550,000	400,000	400,000	500,000

Administrative fee should be paid at once during registration

All Official Correspondence to be addressed to the Principal of SFUCHAS

C: STUDENT UNION

S/N	Description	Year 1	Year 2	Year 3	Year 4	Year 5
1	Student Union	20,000	20,000	20,000	20,000	20,000
	Total student union	20,000	20,000	20,000	20,000	20,000

Student union should be paid at once during registration

D: TRANSFER FEE

A student transferred to SFUCHAS will pay 50,000.00 as a transfer fee.

2: Payable to student

S/N	Description	Year 1	Year 2	Year 3	Year 4	Year 5
1	Stationery	100,000	100,000	100,000	100,000	100,000
2	Books	200,000	200,000	200,000	200,000	200,000
3	Fieldwork	-	240,000		620,000	-
4	Elective and Research	-	-	-	-	100,000
5	Meals and Accommodation	2,618,000	2,618,000	2,618,000	2,618,000	2,618,000
	Total payable to student	2,918,000	3,158,000	2,918,000	3,538,000	3,018,000

3. Accommodation

SFUCHAS provide accommodation with the rate of Tshs 400,000.00 per year, this fee can be paid once or twice a year

4. NHIF

Every student should have a Valid Health insurance so that can be used in medical services. However, for those who do not have Health Insurance will have to pay a Tshs 50,400 as Health Insurance fee to the University to cover medical costs through NHIF.

NB:

- Every student above 18 years old must have a NIN (National Identification Number) it is also known as NIDA Number.
- All payments payable to University are done by obtaining a control number through SIMS. Payment can be done via mobile money (Tigo Pesa, M-Pesa, Airtel Money, CRDB Bank, CRDB Agents and CRDB SimBanking USSD/App.)



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MEDICAL EXAMINATION FORM

To be completed by a registered Medical Officer.

1. STUDENT PERSONAL PARTICULARS

Surname.....Other names.....

AgeSex.....

Address.....
.....

2. PAST MEDICAL HISTORY

(A)Has the student ever suffered from any of the following medical conditions?
Indicate Yes or No

1. Allergies.....
2. Hypertension.....
3. Diabetes Melitus.....
4. HIV/AIDS.....
5. Major surgeries.....
6. Tuberculosis.....
7. Psychiatry illness.....
8. Physical disability.....
9. Heart Disease.....
10. Asthma.....
11. Any other condition(s) worth reporting?(Name).....

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(B) Is the student on any medication/treatment for a chronic/long term condition?

Yes / No (circle the answer)

If yes, name the condition(s) under treatment

(1)

(2)

(3)

3. PHYSICAL EXAMINATION

Weight..... **Height**.....

Vision : Left eye.....Right eye.....

Cardiovascular System

Blood Pressure

Pulse rate

Any murmur? Yes / No (circle the answer)

Abnormal Examination

Liver.....

Spleen.....

Kidney.....

Any palpable mass (specify.....)

Muscle skeletal system

Extremities.....

Back.....

Any sign of Drug addiction

Yes / No (circle the answer)

4. LABORATORY INVESTIGATION

Fasting blood sugar.....

Full blood count

Neutrophils.....

Eosinophils

Basophils

Lymphocytes

Hb level

Blood group

5. CONCLUSION

Do you consider the student physically and mentally fit to peruse studying at St. Francis University College of Health and Allied Sciences (SFUCHAS)

Yes/ No (circle the answer)

What condition or Disability has to be attended before he/she can be admitted?

.....

6. DECLARATION

I certify that I have examined the above named student and consider that he/she is physically and mentally fit/unfit for academic studies at St. Francis University College of Health and Allied Sciences.

Name

Signature/Official Stamp

Qualifications.....

Date.....

Address:

.....

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