

HUBERT KAIRUKI MEMORIAL UNIVERSITY



BACHELOR OF SCIENCE IN NURSING (BScN) JOINING INSTRUCTIONS

In order to be considered a bonafide student of Hubert Kairuki Memorial University (HKMU) you will be required to register formally. Registration will take place in the first week of the academic session. After registration you will be issued with a Student Identity Card (SIC), which will give you access to the Academic sessions, the University's library, book bank, computing facilities and other university facilities. The issue of this card is dependent upon your successful completion of the Registration process, which includes providing the information detailed below.

1. Registration Requirements

1.1 Documentary Evidence of Your Qualifications

- Your original certificates and transcripts of your general education (Form IV and Form Six or equivalent), professional training (where applicable), and any other relevant documents which were presented with your application.
- Original copy of the admissions letter.

1.2 Proof of identity

- 4-passport size photographs
- Passport (if you are a foreign student).
- Birth certificate

1.3 Payment or evidence of payment of fees.

A receipt or deposit slip

1.4 Medical Examination

You will be required to produce a medical examination report to establish your physical and mental fitness before you begin your studies. (Medical Examination Record form is attached)

2. TUITION FEES AND LIVING EXPENSES.

2.1 Tuition fees

You will be required to pay the required fees as per fee structure of your course presented to you with the application forms. No student shall be registered unless he/she has paid the required fees.

2.2 Living Expenses

Students residing in the University hostel will be responsible for their food and personal expenses (to be paid directly to student by the sponsor).

3. TRANSPORT

You will be responsible for your own transportation to and from Dar es Salaam and within Dar es Salaam throughout the period of your training.

4. ACADEMIC MATERIALS

4.1 Stationery

You need to have your own stationery throughout the period of your training.

4.2 Books

Core textbooks will be available at the University for Borrowing & purchasing from the book bank.

4.3 Equipment

Students' Faculty requirements for BScN 1 (Semester 1 & 2)

Item description	Cost (TSHS)
1. Dissection Kit	55,000.00
2. Scientific Calculator	50,000.00
3. Laboratory Coats (2)	100,000.00
Sub total	205,000.00

Faculty requirements for BScN 2, 3, & 4 will be provided at the end of each preceding academic year.

5. ACCOMMODATION

If you opt for the University accommodation you will be required to sign hostel agreement on registration.

5.1 Beddings

The University will provide bed, pillow and mattress 3.5''x 6''.

5.2 Cafeteria

HKMU runs a cafeteria where students' can buy food and beverages at a reasonable price.

6. PERMISSION DURING SESSIONS

No permission will be granted to any student to go home to look for money in between a semester. Therefore, you are advised to bring enough money to last you to the end of a semester or academic year

7. DISCIPLINE, UNIVERSITY RULES AND REGULATIONS

On arrival to the University, you will be required to sign a contract with the University to declare the following:

- a). Obedience to the University and hospital authorities.
- b). To study diligently and earnestly.
- c). To observe the medical and human rights ethics.
- d). To abide to the existing University Constitution, regulations, policies and procedures and by-laws.
- e). To adhere to the Faculty and Departmental rules throughout your period of stay at the University.

8. VISA , RESIDENT PERMIT AND EXEMPTION CERTIFICATE

All foreign students must have valid passports and entry Visa where applicable. In addition, they will be required to obtain resident permit to enable them to stay and pursue their studies. In order to obtain a resident permit (if applicable) you will be required to fill in immigration forms (TFI 1) obtained from the Admissions Office and attach them with US\$ 120, your recent five passport size photographs, curriculum vitae, photocopies of your passport, academic certificates, transcripts and admission letter.

HUBERT KAIRUKI MEMORIAL UNIVERSITY



Financial Information BSCN (LOCAL)

1. Fee Structure

		Option (1)	Option (2)		N
		Full Year	1 st semester	2 nd semester	
1.	University fees	TSH	TSH	TSH	TSH
1.1	Tuition fee	4,520,000	2,260,000	2,260,000	4,520,000
1.2	Registration	50,000	50,000		50,000
1.3	Examination fee	100,000	100,000		100,000
1.4	Book bank	100,000	100,000		100,000
1.5	Uniforms	100,000	100,000		100,000
1.6	Caution fees-Non refundable	100,000	100,000		100,000
1.7	Health Insurance NHIF	55,000	55,000		55,000
1.8	Student union	35,000	35,000		35,000
1.9	TCU – Quality assurance	20,000	20,000		20,000
1.10	Development fee	50,000	50,000		50,000
	Sub-total	5,130,000			
	2% Discount	102,600			
	Total Payable	5,027,400	2,870,000	2,260,000	5,130,000

**A student is able to use either option (1) or option (2) to pay school fees.*

BSCN students will need further money to cover costs of field and research works as shown below:

	Field Work & Research	TSH
1.	Research Year 2	800,000
2.	Field Year 3	850,500
3.	Field Work Year 4	850,500
4.	Whistle	2,000

2. Money payable to the University

All fees are compulsory.

Student Union fees are collected by the University and paid to the HKMU Students' Union Association (HKMUSA).

Health Insurance

Health Insurance premium will be collected and remitted to the National Insurance Fund. All Students are required to joint NHIF scheme. Proof of health insurance cover must be provided before any exemption is granted.

3. Payment Options

- Payment in full before the start of the first semester will entitle you to a **2% discount** on the annual tuition fees. Students' who pay the fees in full after the semester has began will not be eligible for discount.
- All other fees (1.2 – 1.8) must be paid in full before the start of the first semester.
- A student will only be registered for each semester when all fees due for that semester have been paid in full.
- The registration period lasts up to **21 days** from the beginning of the semester. After that period no registration is possible.

4. Accommodation Fees

If accommodation is required and is available within the students' hostel, then payment can be made either in full at the start of the first semester, or in two instalments at the start of each semester. Accommodation is available in single, double and triple rooms. The annual cost per student for each type of room is shown in the box below.

	Hostel	Double	Triple
		TSH	TSH
1	Accommodation fee	850,000	600,000
2	Hostel Security fee (non-refundable)	40,000	40,000

No student will be allocated a room without making payment. Payments should be made to the University account specific for accommodation as stated below:

HUBERT KAIRUKI MEMORIAL UNIVERSITY-HOSTEL
ACCOUNT NO: **02041110006**
NDC BRANCH
BOA BANK (TANZANIA) LTD

Any accommodation inquiries should be directed to:

The **Hostel Manager:** Mr. Alex Gabriel,
Hubert Kairuki Memorial University
P.O. Box 65300
alexbm@gmail.com
+255 0713 - 22 71 70, +255 0786 - 22 71 71, +255 0767 - 22 71 70

There will be no refunds given when students travel for electives, fieldwork or otherwise during the academic year.

Keys to the rooms must be surrendered at the end of the academic year.

Students who wish to remain in the hostel during the short breaks and long vacations must pay daily fees for the number of days they occupy the rooms.

5. Money Payable to the Students

Below are indicative amounts that would be needed by students to cover their living costs while studying at HKMU.

	TSH
Food (per semester)	1,600,000
Book purchase (per set)	1,000,000
Pocket money (per semester)	700,000
Stationery (per semester)	400,000

We encourage sponsors to pay these directly to students, and not through HKMU. If a sponsor does wish to make these payments through the university, then the following conditions apply:

- The sponsor must provide a written letter of authority to allow us to pay the money to the student. The letter must clearly state the amount to be paid.
- Payment can only be made after our bank has confirmed that the payment from the sponsor has cleared in our account.
- We will charge an administration fee of Tshs 50,000 /or its equivalent in USD.
- We will only make payment to the student by crossed cheque, in the currency in which we received the money from the sponsor.

6. Payment Methods

Payment should be made directly into our bank account, by cash, cheque or telegraphic transfer.
If payment is made by an overseas cheque, then all bank charges must be borne by the drawer/ sponsor.

Our bank account details are as follows:

THE HUBERT KAIRUKI MEMORIAL UNIVERSITY
ACCOUNT NO: **0200721004** (FOR TSHS) AND **0200721012** (FOR USD)
BOA BANK (TANZANIA) LTD
NDC DEVELOPMENT HOUSE
KIVUKONI/OHIO STREET
P.O. BOX 3054
DAR ES SALAAM
TANZANIA

SWIFT CODE: EUAFTZTZ

The deposit slip or telegraphic transfer instruction should be presented to the Bursar as proof of payment.

Please note that HKMU does not accept direct cash payments to the Bursar's office – students/sponsors will be directed to deposit any cash at our bank branches in Dar es Salaam city.

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Tel: 255-22-2700021/4

Fax: 255-22-2775591

E-mail: info@hkmu.ac.tz or secvc@hkmu.ac.tz



322 Regent Estate

P. O. Box 65300

Dar es Salaam.

Tanzania

web: www.hkmu.ac.tz

FINANCIAL GUARANTEE FORM

NAME OF THE APPLICANT _____
(Hereafter called the applicant)

ADDRESS _____

COURSE APPLIED FOR _____

APPLICATION NUMBER _____

1. I, **THE UNDERSIGNED**, HEREBY **GUARANTEE** to the Hubert Kairuki Memorial University (HKMU) that the payment of all monies which may from time to time hereafter become due to it in respect of tuition fees, accommodation charges and other charges properly debited to the account of the Applicant but so that my liability is in no event to exceed the sum of _____
2. I, **AGREE** that the University (i.e. HKMU) is at liberty to grant to the Applicant such extension of credit or time for payment or other indulgences as it may think proper without discharging or impairing my liability hereunder
3. **THIS GUARANTEE** is to be a continuing guarantee and is to continue to be binding until all debts due from the Applicant to the Hubert Kairuki Memorial University have been fully discharged.
4. **IN THE EVENT** of my intervening death, any obligation, which I may have agreed, to discharge under this guarantee shall be equally binding upon my personal representative.

5. **THIS CONTRACT** shall be governed by the construed in accordance with Tanzanian Law.

SIGNATURE OF GUARANTOR _____

FULL NAME OF GUARANTOR _____

FULL ADDRESS _____

RELATIONSHIP TO APPLICANT (if any) _____

DATED THIS _____ DAY OF _____ 2016.

SWORN BEFORE _____
(Notary public or commissioner for oaths)

OFFICIAL STAMP _____

The following certificate must be completed by the Guarantor's Bankers

I, having regard to the dealing of Guarantor with this bank over the last 3 years, certify that he/she is able to fulfill the financial obligations entered into on the above applicant's admission to the Hubert Kairuki Memorial University.

OFFICIAL STAMP

Signed _____ Date _____

Position _____

Address _____

HKMU STUDENT MEDICAL EXAMINATION FORM

PARTICULARS OF THE APPLICANT (STUDENT)

Surname: _____ Other Names: _____

Date of Birth: (dd/mm/yy) ____ / ____ / ____ Gender: _____

Faculty: _____

PART A: MEDICAL HISTORY

Seizures:

Chronic Illness:

Allergies:

Medications:

Significant Historical Information:

PART B: PHYSICAL EXAMINATION

General Appearance	Normal	Abnormal	Height (cm)		
Skin			Weight (kgs)		
Chest			Hearing	R	L
Heart			Vision	R	L
Abdomen			BP (mmHg)	Systolic	Diastolic
Genitalia					

Explain Abnormal Exam:

PART C: LABORATORY INVESTIGATIONS

1.Urinalysis	Sugar		Leucocytes		Protein	
2.Stool for ova						
3.Full Blood Count	Hb		Hct		TWBC&Diff	
4. Blood Group						

PART D: CHEST X-RAY EXAMINATION

X-Ray Report

PART E: AUTHORIZED PRACTITIONER

I have examined Mr./Miss/Ms _____ and consider that he / she
is _____

Name of Examiner: _____ Title of examiner: _____

Signed: _____ Date: _____

Official Stamp

Address: _____ Telephone: _____

AGREEMENT FOR ADMISSION INTO HUBERT KAIRUKI MEMORIAL UNIVERSITY

This AGREEMENT is made on the..... day of2015 BETWEEN HUBERT KAIRUKI MEMORIAL UNIVERSITY of Post Office Box Number 65300, Dar es Salaam (hereinafter referred to as the "university") of one part.

AND

..... of P.O. Box (Hereinafter referred to as the "student") of the other part.

AND WHEREAS the University enrolled a student to undergo MD/ BScN/ M.MED/MSW/MscPH..... Programme for a duration of three/ four/ five academic years, commencing on

AND WHEREAS the student is willing to accept such a place for the said purpose and for the terms hereinafter contained.

NOW THIS AGREEMENT WITNESSES as follows:

1. The University hereby covenants with the student as follows: -
 - a) To provide University education of the highest standard.
 - b) Not to terminate this agreement without good cause and prior notice to the student.
2. The student hereby covenants with the University as follows:-
 - a) To pay for her/his annual required fees herself/himself or sponsor in full amounting to Tshs/ USD to cover tuition fees and any other expenses as stated in the fee structure (the fees for other academic years may be reviewed to suit the prevailing conditions).
 - b) As a condition to be admitted to the Hubert Kairuki Memorial University to be bound by the following terms during the whole duration of her/his studies:-
 - i) To adhere to the University Charter together with its rules, policies and procedures, students; rules and all other University guidelines.
 - ii) To cater for his/her transport to and from the university during the holidays.
 - iii) To be personally responsible for buying his/his own food.
 - iv) To be allowed to continue with studies for the rest of the academic years only after passing appropriate examinations and payment of the required fees.

- v) If student personally decided to terminate studies and or due to the case of abrogation of university rules and regulation his/her fees will not be refunded.
 - vi) To make sure that his/her sponsor pays in full the required fee and that any internal agreement between the sponsor and her will not alter his/her obligation to the university.
 - vii) To be insured against major illness by the sponsor.
 - viii) To abstain from any political activity or unlawful assembly.
 - ix) To attend lectures, clinical duties and all university activities without failure.
 - x) In case his/her performance is not satisfactory, then, the university authority may take an action against him/her ranging from the repetition of a year or complete discontinuation from the University.
 - xi) Not to reveal confidential reports of the patients or hospital during or after completion of his/her studies.
 - xii) To replace any university property damaged or destroyed by her/him accordingly.
 - xiii) To observe and respect the nursing and medical ethics, the University Constitution and the Hospital standing orders.
3. The university and the student mutually agree as follows:-
- a) During the duration of this agreement each party may terminate this agreement by issuing a 21 days notice to the other party, unless it is an act of great misconduct on the part of the student where further stay at the university endangers the rest of the university or hospital community. In such a case, 24 hours notice will be given.
 - b) Any amendment or changes to this agreement shall be agreed by both parties and shall appear to this agreement as annexes.
 - c) Should there arise any complaint or dispute from either party, then such a dispute shall be amicably settled by the parties through reconciliation by the university bodies as set out in the university Constitution.
 - d) This agreement will be governed by the Tanzania laws.

IN WITNESS WHEREOF the parties hereto have set their hands on the day and year first above written.

SIGNED for and on behalf of the said HUBERT KAIRUKI MEMORIAL UNIVERSITY by (the university):

Name: SIIMA KAIRUKI MUJEMULA

Signature: _____

Address: P.O. Box 65300
Dar es Salaam, TANZANIA

Position: CORPORATE COUNSEL

Date: _____

SIGNED AND DELIVERED by (the student):

Name: _____

Signature _____

Address: _____

Date: _____

(FILL THE APPROPRIATE SPACES WITH CAPITAL LETTERS)



Student Registration

1. Name of student:

First name: _____

Middle name: _____

Surname name: _____

2. Programme: (Pse Tick) MD _____
Post Basic BSCN _____
Pre Service BSCN _____
WTC _____
MMED (PD/SU/OG/IM/MscPH/MSW) _____

Faculty: (Please Tick) Medicine _____
Nursing _____

Date of commencement of training: _____

Date of completion of training: _____

Student signature: _____

Date: _____

OFFICIAL USE ONLY

Extension:

The identity expiry date to be extended up to: _____

Name: _____ Signature: _____ Title: _____

Date: _____

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)
Incorporated in The Kairuki Health and Education Network (KHEN)

ODD-SEMESTER AND EXAMINATION REGISTRATION FORM FOR NEW STUDENTS 2016/2017
1ST SEMESTER (BSCN1)

SEM1-BSCN1

1. NAME AND ADDRESS

Name: _____ Reg. No.: _____

Postal address: _____

Phone: _____ Fax: _____ E-mail: _____

2. STUDIES

Programme of Studies: _____

3. RESIDENCE STATUS:

Do you reside in the Hostel? YES/NO _____

4. SEMESTER AND EXAMINATION REGISTRATION:

4a. Student: Put **YES** in the empty boxes for the Subjects you are registering and **NO** for those you are not registering in this semester.

4b. Chairs of Departments and Bursar: Sign in the appropriate boxes to endorse the candidate to register for Examinations as per regulations 16.2.1-16.2.6. Students will have to show the endorsed forms to collect Examination Number Cards.

Code	ANT100	BCH100	BS100	CS100	DS100	PHY100	
4a. YES/NO							Bursar
4b. EXA REG.							

4a. To be filled by the Student on Registration.

4b. To be signed by Dept Chairs

Signatures: Student _____ Date; _____

Dean of Faculty: _____ Date: _____

OFFICIAL USE ONLY

The above named student has been registered for semester 1, **BSCN1** from _____ to 28th February 2016, to undertake the above selected courses.

Name of the Officer: _____ Signature: _____ Date: _____

Proof of payment: Receipt No. _____ Dated: _____

In case of change of address or information filled in here you are requested to notify the university immediately.

HUBERT KAIRUKI MEMORIAL UNIVERSITY



BACHELOR OF SCIENCE IN NURSING JOINING **INSTRUCTIONS FOR FOREIGN STUDENTS**

In order to be considered a bonafide student of Hubert Kairuki Memorial University (HKMU) you will be required to register formally. Registration will take place in the first week of the academic session. After registration you will be issued with a Student Identity Card (SIC), which will give you access to the Academic sessions, the University's library, book bank, computing facilities and other university facilities. The issue of this card is dependent upon your successful completion of the Registration process, which includes providing the information detailed below.

1. Registration Requirements

1.1 Documentary Evidence of Your Qualifications

- Your original certificates and transcripts of your general education (Form IV and Form Six or equivalent), professional training (where applicable), and any other relevant documents which were presented with your application.
- Original copy of the admissions letter.

1.2 Proof of identity

- 4-passport size photographs
- Passport (if you are a foreign student).
- Birth certificate

1.4 Payment or evidence of payment of fees.

A receipt or deposit slip

1.4 Medical Examination

You will be required to produce a medical examination report to establish your physical and mental fitness before you begin your studies. (Medical Examination Record form is attached)

3. TUITION FEES AND LIVING EXPENSES.

2.2 Tuition fees

You will be required to pay the required fees as per fee structure of your course presented to you with the application forms. No student shall be registered unless he/she has paid the required fees.

2.2 Living Expenses

Students residing in the University hostel will be responsible for their food and personal expenses (to be paid directly to student by the sponsor).

3. **TRANSPORT**

You will be responsible for your own transportation to and from Dar es Salaam and within Dar es Salaam throughout the period of your training.

4. **ACADEMIC MATERIALS**

4.1 **Stationery**

You need to have your own stationery throughout the period of your training.

4.2 **Books**

Core textbooks will be available at the University for Borrowing & purchasing from the book bank.

4.3 **Equipment**

Students' Faculty requirements for BScN 1 (Semester 1 & 2)

Item description	Cost (USD)
1. Dissection Kit	55.00
2. Scientific Calculator	50.00
3. Laboratory Coats (2)	80.00
Sub total	185.00

* Faculty requirements for BSCN 2, 3, & 4 will be provided at the end of each preceding academic year.

5. **ACCOMMODATION**

If you opt for the University accommodation you will be required to sign hostel agreement on registration.

5.1 **Beddings**

The University will provide bed, pillow and mattress 3.5"x 6".

6. **PERMISSION DURING SESSIONS**

No permission will be granted to any student to go home to look for money in between a semester. Therefore, you are advised to bring enough money to last you to the end of a semester or academic year

9. **DISCIPLINE, UNIVERSITY RULES AND REGULATIONS**

On arrival to the University, you will be required to sign a contract with the University to declare the following:

- a). Obedience to the University and hospital authorities.
- b). To study diligently and earnestly.

- c). To observe the medical and human rights ethics.
- d). To abide to the existing University Constitution, regulations, policies and procedures and by-laws.
- e). To adhere to the Faculty and Departmental rules throughout your period of stay at the University.

10. VISA , RESIDENT PERMIT AND EXEMPTION CERTIFICATE

All foreign students must have valid passports and entry Visa where applicable. In addition, they will be required to obtain resident permit to enable them to stay and pursue their studies. In order to obtain a resident permit (if applicable) you will be required to fill in immigration forms (TFI 1) obtained from the Admissions Office and attach them with US\$ 120, your recent five passport size photographs, curriculum vitae, photocopies of your passport, academic certificates, transcripts and admission letter.

HUBERT KAIRUKI MEMORIAL UNIVERSITY



Financial Information (BSCN (Foreign))

7. Fee Structure

		Option (1)	Option (2)		Notes
		Full Year	1 st semester	2 nd semester	
1.	University fees	USD	USD	USD	USD
1.1	Tuition fee	4,520	2,260	2,260	4,520
1.2	Registration	70	70		70
1.3	Book bank	127	127		127
1.4	Caution fees	136	136		136
1.5	Uniforms	84	84		84
1.6	Examination fee	179	179		179
1.7	Health Insurance / NHIF	55	55		55
1.8	Student union	35	35		35
1.9	TCU Quality assurance fee	20	20		20
1.10	Development fees	30	30		30
	Sub-total	5,256			
	2% Discount	90.4	-	-	
	Total Payable	5,166	2,996	2,260	5,256

**A student is able to use either option (1) or option (2) to pay school fees.*

1.1 Field Work and Research

BSCN students will need further money to cover costs of field and research works as shown below:

	Field Work & Research	USD
1.	Research Year 2	880
2.	Field Year 3	850
3.	Field Year 4	850
4.	Whistle	2

8. Money payable to the University

All fees are compulsory.

Student Union fees are collected and paid to the HKMU Students' Union Association (HKMUSA).

Health Insurance

Health Insurance fees are collected and remitted to the National Insurance Fund. All Students are required to join NHIF scheme. Proof of other health insurance cover must be provided before any exemption is granted.

Caution fees

University will refund caution money less by 20% at the end of the your Programme

9. Payment Options

- Payment in full before the start of the first semester will entitle you to a **2% discount** on the annual tuition fees. Students' who pay the fees in full after the semester has began will not be eligible for discount.
- All other fees (1.2 – 1.8) must be paid in full before the start of the first semester.
- A student will only be registered for each semester when all fees due for that semester have been paid in full.
- The registration period lasts up to **21 days** from the beginning of the semester. After that period no registration is possible.

10. Accommodation Fees

If accommodation is required and is available within the students' hostel, then payment can be made either in full at the start of the first semester, or in two instalments at the start of each semester. Accommodation is available in single, double and triple rooms. The annual cost per student for each type of room is shown in the box below.

	Hostel	Double USD	Triple USD
1	Accommodation fee	850	600
2	Hostel Security fee (Non refundable)	30	30

No student will be allocated a room without making payment. Payments should be made to the University account specific for accommodation as stated below:

HUBERT KAIRUKI MEMORIAL UNIVERSITY-HOSTEL
ACCOUNT NO: **02041110006**
NDC BRANCH
BOA BANK (TANZANIA) LTD

Any accommodation inquiries should be directed to:

The **Hostel Manager:** Mr. Alex Gabriel,
Hubert Kairuki Memorial University
P.O. Box 65300
alexbmg@yahoo.com
+255 0713 - 22 71 70, +255 0786 - 22 71 71, +255 0767 - 22 71 70

There will be no refunds given when students travel for electives, fieldwork or otherwise during the academic year.

Keys to the rooms must be surrendered at the end of the academic year.

Students who wish to remain in the hostel during the short breaks and long vacations must pay daily fees for the number of days they occupy the rooms.

11. Money Payable to the Students

Below are indicative amounts that would be needed by students to cover their living costs while studying at HKMU.

	USD
Food (per semester)	1,950
Book purchase (per set)	1,500
Pocket money (per semester)	950
Stationery (per semester)	450
Residence Permit	250

We encourage sponsors to pay these directly to students, and not through HKMU. If a sponsor does wish to make these payments through the university, then the following conditions apply:

- The sponsor must provide a written letter of authority to allow us to pay the money to the student. The letter must clearly state the amount to be paid.
- Payment can only be made after our bank has confirmed that the payment from the sponsor has cleared in our account.
- We will charge an administration fee of Tshs 50,000 /or its equivalent in USD.
- We will only make payment to the student by crossed cheque, in the currency in which we received the money from the sponsor.

12. Payment Methods

Payment should be made directly into our bank account, by cash, cheque or telegraphic transfer.
If payment is made by an overseas cheque, then all bank charges must be borne by the drawer/ sponsor.

Our bank account details are as follows:

THE HUBERT KAIRUKI MEMORIAL UNIVERSITY
ACCOUNT NO: **0200721004** (FOR TSHS) AND **0200721012** (FOR USD)
BOA BANK (TANZANIA) LTD
NDC DEVELOPMENT HOUSE
KIVUKONI/OHIO STREET
P.O. BOX 3054
DAR ES SALAAM
TANZANIA.

SWIFT CODE: EUAFTZTZ

The deposit slip or telegraphic transfer instruction should be presented to the Bursar as proof of payment.

Please note that HKMU does not accept direct cash payments to the Bursar's office – students/sponsors will be directed to deposit any cash at our bank branches in Dar es Salaam city.

(FILL THE APPROPRIATE SPACES WITH CAPITAL LETTERS)



Student Registration

1. Name of student:

First name: _____

Middle name: _____

Surname name: _____

2. Programme: (Pse Tick) MD _____
Post Basic BSCN _____
Pre Service BSCN _____
WTC _____
MMED (PD/SU/OG/IM/MscPH/MSW) _____

Faculty: (Please Tick) Medicine _____
Nursing _____

Date of commencement of training: _____

Date of completion of training: _____

Student signature: _____

Date: _____

OFFICIAL USE ONLY

Extension:

The identity expiry date to be extended up to: _____

Name: _____ Signature: _____ Title: _____

Date: _____

HKMU STUDENT MEDICAL EXAMINATION FORM

PARTICULARS OF THE APPLICANT (STUDENT)

Surname: _____ Other Names: _____

Date of Birth: (dd/mm/yy) ____ / ____ / ____ Gender: _____

Faculty: _____

PART A: MEDICAL HISTORY

Seizures:

Chronic Illness:

Allergies:

Medications:

Significant Historical Information:

PART B: PHYSICAL EXAMINATION

General Appearance	Normal	Abnormal	Height (cm)		
Skin			Weight (kgs)		
Chest			Hearing	R	L
Heart			Vision	R	L
Abdomen			BP (mmHg)	Systolic	Diastolic
Genitalia					

Explain Abnormal Exam:

PART C: LABORATORY INVESTIGATIONS

1.Urinalysis	Sugar		Leucocytes		Protein	
2.Stool for ova						
3.Full Blood Count	Hb		Hct		TWBC&Diff	
4. Blood Group						

PART D: CHEST X-RAY EXAMINATION

X-Ray Report

PART E: AUTHORIZED PRACTITIONER

I have examined Mr./Miss/Ms _____ and consider that he / she

is _____

Name of Examiner: _____ Title of examiner: _____

Signed: _____ Date: _____

Official Stamp

Address: _____ Telephone: _____

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)
 Incorporated in The Kairuki Health and Education Network (KHEN)

ODD-SEMESTER AND EXAMINATION REGISTRATION FORM FOR NEW STUDENTS 2016/2017
1ST SEMESTER (BSCN1)

SEM1-BSCN1

5. NAME AND ADDRESS

Name: _____ Reg. No.: _____

Postal address: _____

Phone: _____ Fax: _____ E-mail: _____

6. STUDIES

Programme of Studies: _____

7. RESIDENCE STATUS:

Do you reside in the Hostel? YES/NO _____

8. SEMESTER AND EXAMINATION REGISTRATION:

4a. Student: Put **YES** in the empty boxes for the Subjects you are registering and **NO** for those you are not registering in this semester.

4b. Chairs of Departments and Bursar: Sign in the appropriate boxes to endorse the candidate to register for Examinations as per regulations 16.2.1-16.2.6. Students will have to show the endorsed forms to collect Examination Number Cards.

Code	ANT100	BCH100	BS100	CS100	DS100	PHY100	
4a. YES/NO							Bursar
4b. EXA REG.							

4a. To be filled by the Student on Registration.

4b. To be signed by Dept Chairs

Signatures: Student _____ Date: _____

Dean of Faculty: _____ Date: _____

OFFICIAL USE ONLY

The above named student has been registered for semester 1, **BSCN1** from _____ to 28th February 2016, to undertake the above selected courses.

Name of the Officer: _____ Signature: _____ Date: _____

Proof of payment: Receipt No. _____ Dated: _____

In case of change of address or information filled in here you are requested to notify the university immediately.