



AMENYE HEALTH TRAINING INSTITUTE – MBEYA

Principal's Office: +255 742 164518 / +255 766 963 739 Email: amenyetraining@gmail.com
Address: Box 26 Mbeya, **Location:** Mbeya city at Old Airport Street **Web:** www.amenyeinstitute.ac.tz

Names of the student.

.....

Address of the students

.....

.....

RE: ADMISSION LETTER FOR CLINICAL MEDICINE - NTA LEVEL 5 FOR 2025/2026 ACADEMIC YEAR.

Congratulations and welcome to joining with us for next level for academic year **2025/2026**. We are pleased to join you again to the community of health professionals. The new semester will begin at *20th October 2025*.

The following are the Outstanding Debts (Deni la Mwanafunzi) for previous academic year.

Tuition Fee:

Administrative Fee:

Hostel:

NB: All outstanding debts must be paid before *30th August 2025*.

FOR THE PURPOSE OF REGISTRATION BRING WITH YOU THE FOLLOWING:

All students are supposed to present their admission letter to the Amenye HTI Admission office.

The following requirements are to be submitted.

- i. All receipts (Pay in slip) of the money paid to institute.
- ii. Two Rim papers.
- iii. Two boxes of examination gloves.

PAYMENT COMPLIANCE IN 2025/2026 ACADEMIC YEAR.

Following changes of courses running costs, we would like to inform you that there are some changes in payments for this academic year **2025/2026**. This minimal change has been structured and summarized in the payment schedule of fees structure and other direct costs in this joining instruction.

Best regards,

Ayoub Tuva

PRINCIPAL



PAYMENT COMPLIANCE.

The table below summarizes the Amenye HTI tuition fees and institute administrative fee for **Clinical Medicine – Level 5**. All students are required to pay the fees to the institute accounts. Student must come with **legally valid or original bank slip** to the accountant office. Any financial fraud shall lead to discontinuation from studies together with legal action.

FEES STRUCTURE.

The following are the fees for Institute for academic year 2025/2026. All students are required to pay the fees to the institute accounts. Original pay slip must be provided during registration.

DESCRIPTION	NTA LEVEL 5 (SECOND YEAR)	A/c name: Amenye Health Training Institute
TUITION FEE	1,400,000/=	A/c number: 0150388644200 -CRDB
ADMINISTRATIVE FEES		A/c name: Amenye Health Laboratory A/c number: 0150422045300 - CRDB
Skill Lab	210,000/=	
Clinical Rotation	250,000/	
Stationary	50,000/=	
Procedure Book And Practicum Guidebook	50,000/=	
Identity Card	10,000/=	
Registration	20,000/=	
Library	50,000/=	
Caution Money	50,000/=	
Student Organization	10,000/=	
Field	250,000/=	
Internal Examination	185,000/=	
SUB TOTAL	1,135,000/=	
GRAND TOTAL	2,535,000/=	
MINISTRY EXAMS AND QUALITY ASSURANCE		A/c name: Amenye Health Laboratory A/c number: 0150422045300 - CRDB
Ministry Examination	150,000/=	
Quality Assurance	20,000/=	
NHIF Contribution	51,000/=	
SUB TOTAL	221,000/=	

- **HOSTEL IS AVAILABLE AT THE INSITITUTE FOR THE COST OF TSH 280,000/= PER YEAR.**
- **NHIF Contribution** is applicble to those who does not have NHIF card (Nation Health Insurance Fund)
NB: Accommodation cost does not include meal; Meal will be available within the institute campus at the Minimum cost for the students.

PAYMENT SCHEDULE – CLINICAL MEDICINE – NTA LEVEL 5 2025/2026

Description	1 st installment (Oct – Dec)	2 nd installment (Jan-march)	3 rd installment (Apr-June)	4 th installment (July-Aug)	
TUITION FEE	550,000/=	400,000/=	350,000/=	100,000/=	A/c. name: Amenye Health Training Institute A/c number: 0150388644200 CRDB
ADMINISTRATIVE FEE	635,000/=	500,000/=			A/c name: Amenye Health Laboratory A/c number: 0150422045300 CRDB
NHIF	51,000/=				
MINISTRY AND NACTE FEES	20,000/=		150,000/=		
TOTAL	1,256,000/=	900,000/=	500,000/-	100,000/=	

NB:

Please adhere to the payments Schedule instructions. All the fees should be paid at their respective bank accounts as shown in the payment schedules above. No refund will be made.

TAFADHALI:

Usichanganye akaunti za malipo, ada ilipwe kwenye akaunti ya ada na michango ilipwe kwenye akaunti ya michango kama inavooneka na kwenye jedwali la malipo hapo juu. **Hakuna pesa itakayorudishwa.**

HOSTEL

SEMESTER	AMOUNT	BANK ACCOUNT
1 ST Semester	140000/=	0150422045300 AMENYE HEALTH LABORATORY
2 nd Semester	140000/=	
TOTAL	280,000	



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PARENT/GUARDIAN/SPONSORS DECLARATION FORM.

PERSONAL STUDENT PARTICULARS.

Surname Other Names.....
Marital Status..... Sex.....
Date of Birth Disability
Place of Birth..... Nationality

PARENT/GUARDIAN/SPONSORS PARTICULARS.

Surname Other Names.....
Marital Status..... Sex.....
Place of Birth..... Nationality

P.O. Box..... Mobile No. Street.....
Ward..... District..... Region.....

PARENT/GUARDIAN/SPONSOR DECLARATION.

I, (Name)..... Parent/Guardian/Sponsor of.....
(Name of Student) Do hereby confirm the acceptance of the above-mentioned student to follow and adhere to college regulations and by-laws as stipulated. Also, I understand that any breaching of any of the regulations and by-laws stated therein will result into expulsion of the student from the college.

Parent/Guardian's/Sponsor's Signature **Date**.....