



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

.....

.....

Dear Student

**RE: ADMISSION LETTER FOR PHARMACEUTICAL SCIENCES - NTA LEVEL 5
ACADEMIC YEAR 2025/2026.**

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 Luyi

PRINCIPAL



PAYMENT COMPLIANCE.

The table below summarizes the Amenye HTI tuition fees for **Pharmaceutical course – Level 5** and institute administrative fee. All students are required to pay the fees to the institute accounts. Student must come with **legally valid or original bank slip** to the college Accountant. 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 FEE | | A/c name: Amenye Health Laboratory A/c number: 015042205300-CRDB |
| COMPOUNDING LAB | 250,000/= | |
| STATIONARY | 50,000/= | |
| IDENTITY CARD | 10,000/= | |
| REGISTRATION | 20,000/= | |
| LIBRARY | 50,000/= | |
| CAUTION MONEY | 50,000/= | |
| STUDENT ORGANITION | 10,000/= | |
| FIELD | 150,000/= | |
| INTERNAL EXAMINATION | 185,000/= | |
| SUB TOTAL | 775,000/= | |
| GRAND TOTAL | 2,175,000/= | |
| MINISTRY EXAMS AND QUALITY ASSURANCE | | A/c name: Amenye Health Laboratory A/c number: 015042205300-CRDB |
| MINISTRY EXAMINATION | 150,000/= | |
| QUALITY ASSURANCE | 20,000/= | |
| NHIF CONTRIBUTION | 51,000/= | |
| SUB TOTAL | 216,000/= | |

- **HOSTEL IS AVAILABLE AT THE INSITITUTE FOR THE COST OF TSH 280,000/= PER YEAR.**
- **NHIF Contribution** is applicable 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 – PHARMACEUTICAL COURSE 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 | 500,000/- | 275,000/- | | | A/c name: Amenye Health Laboratory A/c number: 0150422045300- CRDB |
| NHIF | 51,000/- | | | | |
| MINISTRY AND NACTE FEES | 20,000/- | | 150,000/- | | |
| TOTAL | 1,121 ,000/- | 675,000/- | 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**.....