

AMENYE HEALTH TRAINING INSTITUTE  
OFFICE OF THE PRINCIPAL  
P.O. BOX 26, MBEYA - TANZANIA

M o b : 0 7 4 2 1 6 4 5 1 8



E-Mail: amenyetraining@gmail.com

Website Address: www.amenyetraining.ac.tz

Date .....

To Mr. /Ms. ....

**RE: ADMISSION LETTER**

I am pleased to inform you that you have been offered a place at Amenye Health Training Institute for the academic year **2023/2024** to pursue a course of Diploma in **Medical Laboratory**. The duration of this course is **THREE years** and the first semester will begin on..... 2023 you're required to report at the college from.....2023 for registration and orientation. Orientation will start on.....2023.

The offices of Principal and Admission units will verify all required documents. It should be noted that it is an offence to submit false information for admission. Impersonation and falsification of documents at any stage of registration or afterwards will lead to automatic cancellation of admission and be subjected to legal actions.

I wish to take this opportunity to congratulate you for this offer and to wish you a happy stay and success in your studies at this institute.

You have been selected to study at one of the best health training institute in Tanzania. You are therefore expected to put your best in your studies

**Caution!** Failure to register within the first two weeks will lead to the cancellation of your admission

Yours faithfully,

  
P.O. Box 26  
Alouba Tuya  
MBEYA

**Principal Amenye Health Training Institute**

*Enclosures: Joining Instructions and Medical Examination Form.*

# AMENYE HEALTH TRAINING INSTITUTE

O F F I C E O F T H E P R I N C I P A L  
P . O . B O X 2 6 , M B E Y A - T A N Z A N I A

Mob: 0742164518/ 0758270948



E-Mail: amenyetraining@gmail.com

Website Address: www.amenyeinstitute.ac.tz

## FORM "A"

### JOINING INSTRUCTIONS FORM

#### INCOMING STUDENTS

Congratulations and welcome to Amenye Health Training Institute, **2023/2024 intake!** You are joining at the best institute for your quality health education and a storied academic journey; we are pleased to introduce you to the community of health professionals.

#### INSTITUTE LOCATION

**Amenye Health Training Institute** is located at Iyela-Mbeya city near Mwanjelwa bus stand

**FOR THE PURPOSE OF REGISTRATION BRING WITH YOU THE FOLLOWING;-**

- a) Original and two photocopies of Certificate of Secondary Education Examination (C.S.E.E),
- b) Two up to date colored passport size photographs bearing your name at the back
- c) Two photocopies of birth certificate or affidavit
- d) Filled Medical Examination Form (See attached Medical Examination Form at the end)
- e) All receipts (Pay in slip) of the money paid to institute

#### Other requirements

- a) A Bucket and Soft bloom
- b) Two Rim paper
- c) Two box of examination gloves

All students are supposed to present their admission letters to the Amenye H.T.I Admission office. A Student Identity Card will be issued after completion of registration formalities



### PAYMENT COMPLIANCE

The table below summarizes the Amenye HTI tuition fees for **Medical Laboratory** course 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 2023/2024. All students are required to pay the fees to the institute accounts. Original pay slip must be provided during registration.

DESCRIPTION	NTA LEVEL 4 (FIRST YEAR)	A/c name: Amenye Health Training Institute
TUITION FEE	1,400,000/=	0150388644200-CRDB
ADMINISTRATIVE FEE		A/c name: Amenye Health Laboratory  015042205300-CRDB
PRACTICAL	390,000/=	
STATIONARY	50,000/=	
IDENTITY CARD	10,000/=	
REGISTRATION	20,000/=	
PROCEDURE/PRACTICUM GUIDE	50,000/=	
LIBRARY	50,000/=	
CAUTION MONEY	50,000/=	
STUDENT ORGANIZATION	10,000/=	
ROTATION	250,000/=	
INTERNAL EXAMINATION	185,000/=	
SUB TOTAL	1065,000/=	
GRAND TOTAL	2,465,000/=	
MINISTRY EXAMS AND QUALITY ASSURANCE		A/c name: Amenye Health Laboratory  0150422045300-CRDB
MINISTRY EXAMINATION	150,000/=	
QUALITY ASSURANCE	15,000/=	
NHIF CONTRIBUTION	51,000/=	
SUB TOTAL	216,000/=	

**HOSTEL IS AVAILABLE AT THE INSTITUTE FOR THE COST OF TSH 280,000/= PER YEAR**

**NHIF CONTRIBUTION** is applicable and mandatory to those who do not have NHIF card (National 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.

## **1. CAUTION MONEY**

Each student is required to pay caution money which is non-refunded to the student. Where losses or damages exceed the stated amount the student will be asked to pay for the difference.

## **2. DISCIPLINE**

In accordance with its regulation the institute will not hesitate to take disciplinary action against anyone who will commit any non-disciplinary action. Every new student should sign regulations in student By-laws before programme orientation. In addition to these regulations students are obliged to abide to the Institute regulations. Ignorance of any rules, regulations or directives will not be accepted as a valid excuse in anyway. The Institute authority reserves to all rights as to the interpretations of its rules and regulations and the right to vary them as it may seem necessary.

## **3. STUDENTS UNIFORM (SARE)**

It's according to the Tanzania medical student (NTAL 4-6) uniforms dressing code as stipulated by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC)

### **Mwanamke:**

Magauni mawili (2) ya tetron nzito nyeupe, yenye mikono mifupi. Hakikisha magauni yanavuka magoti – inch 2 chini ya goti, isiwe na mpasuo nyuma. Mshono wake uwe sawa na sare za wauguzi na iwekwe utepe wa Khaki mabegani. Viatu vyeupe, vyeusi au kahawia vyenye visigino vifupi.

Makoti mawili (2) meupe (Lan coat) na masafi yaliyoshonwa kwa tetron nzito nyeupe. Koti liwe refu na mikono mirefu.

### **Mwanaume:**

Suruali mbili (2) za rangi ya khaki Tetron upana chini iwe inchi 7 ama 14 cm na kuendelea. Mwanafunzi hatakiwi kushona suruali inayo bana. Mashati mawili meupe yenye mikono mifupi. Viatu vya ngozi vyeusi au kahawia.

Makoti mawili (2) meupe na masafi yaliyoshonwa kwa tetron nzito nyeupe. Koti liwe refu na mikono mirefu.

'Jeans' siyo vazi la kuvaa darasani au wakati wa mazoezi kwa vitendo hospitalini.

## **4. MEDICAL EXAMINATION**

You will be required under to go for medical examination at government/private Hospital. Duly filled medical examination form (Form B enclosed) shall be presented during registration

## **5. STUDENTS' GOVERNANCE UNIT**



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Students' Governance Unit deals with students' leadership under auspices of Ameny Student Organization (AMSO) and student associations. It is the responsibility of this unit to guide, counsel and coordinate the organizations' activities to ensure that they are fairly run, with integrity and mutuality among students by taking into consideration gender balance. On the other hand, the unit plays the role of bridging the gap between students and Ameny HTI management. It also supervises the implementation of Student By-Laws.

**FORM "B"**  
**MEDICAL EXAMINATION FORM**

This form consists of 5 parts. Part I is to be completed by the applicant and the rest to be completed by a registered doctor and should be submitted to Admission office for registration.

**I: PERSONAL INFORMATION**

Surname..... First name(s) .....

Date of birth ..... Sex .....

Marital status: Single/married/widowed.....

Nationality .....

**II: PAST MEDICAL HISTORY** *(To be completed by the applicant)*

Has the examined suffered from any of the following? If yes check (✓) against the diagnosis.

If not, please write a cross (X) in the appropriate space

☐ Tuberculosis

☐ Epilepsy

☐ Asthma/chronic respiratory disorder

☐ Hypertension/or any other cardiac diseases: Specify .....

☐ Renal disorder

☐ Peptic ulcer disease

☐ Diabetes mellitus

☐ Any liver disease: specify.....

☐ Poliomyelitis or other neurological disorder: specify .....

☐ Psychiatric disorder

- ☐ Skin disease/allergies: .....
- ☐ Gynecological disorder
- ☐ Major surgery: Specify ... ..
- ☐ Any deformity: specify .....

### III: PHYSICAL EXAMINATION

General examination:

\_\_\_\_\_  
 EYES: RT VA \_\_\_\_\_  
 Lt VA \_\_\_\_\_  
 EARS: RT Hearing \_\_\_\_\_  
 Lt Hearing \_\_\_\_\_  
 Systemic examination  
 Cardio-respiratory system: \_\_\_\_\_  
 Abdominal examination: \_\_\_\_\_  
 Musculoskeletal system: \_\_\_\_\_

### IV. IMAGING AND LABORATORY INVESTIGATIONS

Hematology:

Hemoglobin

\_\_\_\_\_  
 White cell count Leucocytes \_\_\_\_\_  
 Fasting Blood Sugar \_\_\_\_\_  
 Chest x-ray: \_\_\_\_\_

### V. CONCLUSION

I have examined Mr. / Miss / Mrs.

.....and  
 consider that **he\*/she\*** is physically and mentally **fit\* / not fit\*** to be admitted to Amenye  
 Health Training Institute for studies.

Name of examining physician

.....Signature.....

Qualification.....Title:.....

Date.....Official *Stamp*

**\* Delete whichever inapplicable**