**KCMC UNIVERSITY**

Ref. No: _____
(For official use)

Staple 1 certified passport size Photograph here name clearly printed on the back of the photograph

# APPLICATION FORM FOR ADMISSION TO PhD PROGRAMMES ACADEMIC YEAR 2026/2027

## GENERAL INSTRUCTIONS:

This form contains important information. Please read the form carefully and make sure that you have covered everything on the form before submission. Return an appropriately filled form to the Admissions officer at the KCMC University with the necessary attachments. Please provide a reliable e-mail address forcorrespondence.

**Application fee:** Application fee is 100,000/= for Tanzania applicants and 100 US dollars for international applicants**.** You should pay the fee through the college bank account as shown below. A copy of the pay- in slip should be attached with the filled forms. The original copy will be required for verification when the applicant reports for registration at the college and the college bursar will issue a receipt to confirm the payment.

**The forms will not be processed if proof of payment of application fee is lacking**

The Account is as follows:
**Kilimanjaro Christian Medical College**
**Local Account (Tshs): 017101001339 NBC**
**Moshi Branch**
**TANZANIA**

**Forex Account (Dollar account): 017105000676**
**SWIFT CODE. NLCBTZTX**
**NBC Moshi Branch**
**P. O. Box 3030, MOSHI - TANZANIA**

**PHD PROGRAMMES ACADEMIC YEAR 2026/2027**

**(PLEASE TICK ON THE PROGRAMME OF YOUR CHOICE)**

| | |
|---|---|
| **Doctor of Philosophy (PhD) in Clinical Sciences** | ( ) |
| **Doctor of Philosophy (PhD) in Public Health** | ( ) |
| **Doctor of Philosophy (PhD) in Biomedical Sciences** | ( ) |

**Attachments:** When returning the filled application form (as hard copy), the following papers should be attached:

i) A copy of the bank pay-in slip as evidence for having paid the application fee
ii) A copy of certified Secondary school certificates and transcripts indicating academic Performance
iii) Proof of availability of sufficient funds to pursue the programme.
iv) Undergraduate degree certificate and transcript.
v) Master degree certificate and transcript.
vi) Curriculum Vitae with names and contacts of three referees
vii) List of publications and awards (if any)
viii) A medical examination form
ix) Preliminary PhD research proposal of at least 15 pages.
x) Students with foreign certificates must bring certificates of **Verification of Foreign Award** obtainable from Tanzania Commission for Universities (TCU) through this link (https://www.tcu.go.tz).

Duly filled documents and forms to be sent to:

**Admissions Officer**
**KCMC University**
**P. O. Box 2240, MOSHI, Tanzania**
**Telephone 255-27-2753616**
**Fax: 255-027-2751351**
**Email: admission@kcmcu.ac.tz**
Web page: https://www.kcmcu.ac.tz

**NOTE:**
(i) Please fill the form using block (capital) letters
(ii) Names in which you'll be registered with are those which appear on your form IV (i.e. CSEE) certificate.

Tittle of Research Topic: _____

**A. PERSONAL PARTICULARS:**

(i) Surname (Block letters) _____
(ii) First name in Full (Block letters)_____
(iii) Middle names in full (Block letters)_____
(iv) Sex: Male_____ Female _____

(v) Date of Birth: Date _____ Month _____ Year_____

(vi) Place of Birth: District_____Region _____

(vii) Marital status_____

(viii) Religion:_____

(ix) Citizenship:_____

(x) Current Address to which information should be mailed. Email:_____

Phone:_____Fax:_____

Postal Address: _____

**B. MEDICAL INFORMATION:**

(i) Do you have any physical or communication disabilities? (Tick/whichever is applicable):

Vision:_____Mobility:_____Speech:_____Hearing:_____Others:_____

If any of the above is present give details of disability_____

(ii) Duration of the disability: _____

**C. ACADEMIC QUALIFICATIONS:**

| | 1st Degree | 2nd Degree | 3rd Degree |
|---|---|---|---|
| Awarding University/College: | _____ | _____ | _____ |
| Year of Award: | _____ | _____ | _____ |
| GPA/Grade Average | _____ | _____ | _____ |
| Class: (if applicable) | _____ | _____ | _____ |

**D. PROFESSIONAL AWARDS:**

(i) Award Name: _____

(ii) Awarding Institution/Association:_____

(iii) Duration of Programme:_____

(iv) Year of Award:_____

**E. PROFESSIONAL/WORKING EXPERIENCE:**

(i) Current employment and position held:_____

(ii) Current Employer and address:_____

(iii) Previous employment and position held:_____

**F.** Indicate if Permission has been given by a current employer: _____

**G. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):**

Give full name and addresses: _____

**H. YOUR CONTACT INFORMATION:**

Address to which information should be sent if your applicant is successful: (Information will be sent to successful candidates only)

Email:_____Phone:_____

Postal Address: _____

Fax:_____

NOTE: Change of address must be communicated to the Admissions Officer

**Statement by Applicant:**

I have acquainted myself with the instructions for application to the Kilimanjaro Christian Medical University College and certify that to the best of my knowledge the information given above is correct.

Date:_____ Signature of Applicant:_____

**KCMC UNIVERSITY**

**P. O. Box 2240, MOSHI,**
**Tanzania.**
**Email: info@kcmcu.ac.tz**

**Telephone 255-027-2753616.**
**Fax: 255-55-2751351.**
**Web site: http://www.kcmcu.ac.tz**

# MEDICAL EXAMINATION FORM

**This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer or doctor. The completed form must be submitted along with all the other application materials.**

## SECTION A
## (TO BE COMPLETED BY THE APPLICANT)

**[*Please Write in Block Letters*] I. PERSONAL INFORMATION**

| | | | | |
|---|---|---|---|---|
| Full Name | First: | Middle: | Last: | Marital Status |
| Date of Birth | Gender | | | Degree Programme |

**II. PAST MEDICAL HISTORY**

**(I) NERVOUS SYSTEM**

**Any loss of consciousness?** Yes / No
If yes, dates of incident _____
Current treatment _____
**Any neurological deficiency?** Yes / No
If yes, state deficiency _____
When acquired _____
Current treatment _____
**Any fits?** Yes/No
If yes, type of fits _____
Date of last episode _____
Current treatment _____

**(II) MUSCULO-SKELETAL SYSTEM**

**Any Deformity?** Yes / No
If yes, which part of the body _____
When acquired
Use of accessories or aids _____

**(III) OTHER CHRONIC CONDITIONS**

**Diabetes Mellitus** Yes / No
If yes, when detected _____
Current Status _____
**Tuberculosis** Yes / No
If yes, when detected _____
Current status Cured / On going treatment

**Herpes Zoster** Yes / No
If yes, date of illness _____
Part of body affected _____
**Hypertension** Yes / No
If yes, when detected _____
Current treatment _____
**Asthma** Yes / No
If yes, when detected _____
Current treatment _____
**Allergies** Yes / No
If yes, date of last reaction _____
Cause of reaction _____
**Major Surgeries** Yes / No
If yes, type of surgery _____
Date of surgery _____
Outcome of surgery

**Any Heart Disease** Yes / No
If yes, what disease? _____
Current Treatment _____
**Any Dietary Restrictions** Yes / No
If yes, state restriction _____

**Please Note: The applicant is responsible for maintaining any dietary restrictions.**

**III. DECLARATION**

I declare that all the information provided herein is true to the best of my knowledge.

Signature Date

## SECTION B
## (TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)

### IV. VARIOUS TESTS

**(I) GENERAL APPEARANCE**

Height _____Weight _____
Blood Pressure _____ Pulse Rate _____
Lymphnode Palpable _____
Skin Appearance _____
Throat Tonsils _____
Teeth Dentition _____ Carious _____
EARS:
Rt Hearing _____ Drum Membrane _____
Lt Hearing _____ Drum Membrane _____
EYES:
Rt VA _____ Squint _____
Lt VA _____ Squint _____

**(II) CARDIO-RESPIRATORY SYSTEM**
**(CHEST X-RAY FILM & REPORT ARE NEEDED)**

Lung Fields _____Breast Lumps _____
Heart Size _____ Heart Sounds _____

**(III) ABDOMINAL EXAMINATION**
**(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)**

Contour: Sunken / Normal / Distended
Skin Scar _____
Umbilicus _____ Hernia _____

**(IV) MUSCULO SKELETAL SYSTEM**

Any Deformation? Yes / No
If yes which part of the body _____
Type of deformity _____

### V. LABORATORY INVESTIGATIONS

**(I) BIOCHEMICAL**

Fasting Blood Sugar _____
Serum Creatinine _____
Serum Aspartate T. _____
Serum Alanine T. _____
Blood Urea _____
Uric Acid _____

**(II) IMMUNOLOGY**

VDRL Reaction if +ve treatment_____
Widal Reaction if +ve treatment_____
Contact with Human Immunodeficiency Virus
Sero conversion (Optional) _____

**(III) HEMATOLOGY**
**(CULTA COUNTER)**

Haemoglobin _____
White Cells Count _____

**(IV) PARASITOLOGY**

Stool Routine Examination _____
Treatment_____
Urinalysis & Sediment Microscopy
_____
Treatment _____
Blood Smear for Protozoa, Hemoflagellates & Spirochaetae _____
Treatment _____

### VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

### VII. DECLARATION

I Dr. _____ of _____has examined the named candidate and conclude that the candidate is / is not suitable to attend a Diploma or Degree programme at Kilimanjaro Christian Medical University College.

Signature with Official Stamp _____Date _____

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