

**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND**  
**CHILDREN**  
**CATHOLIC DIOCESE OF GEITA**

All correspondence  
Should be addressed  
To the Principal

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Sengerema Health Training Institute,  
P.O. Box 3,  
**SENGEREMA.**


Ref. No. ADMI/SHTI/2017/2018

NAME: .....  
ADDRESS: .....  
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**ADMISSION TO CLINICAL ASSISTANT COURSE.**

Dear Sir/Madam,

1. I am pleased to inform you that you have been offered a study opportunity leading to the award of a **CERTIFICATE IN CLINICAL MEDICINE of Tanganyika Medical Board.**
2. You should ensure that you present yourself to the Admission Office to register formally for the course after payment of the prescribed fee and submitting three (3) passport size photographs.
3. Please bear in mind that this is a provisional offer made on the basis of the statement of your academic qualifications as outlined by **NACTE**, hence subject to the satisfactory verification of those qualifications at the time of your registration.
4. For the purpose of registration, it is **compulsory to bring with you, your original secondary school certificates or examination results slip, your school leaving certificates as well as your birth certificate.**  
**Any candidate who presents himself/herself without his/her original certificate of Secondary School Education will not be accepted for registration to the course.**
5. **Warning:** It should be noted that it is a criminal offence to submit false information. Any candidate submitting forged certificate(s) or any other such information will not be considered for admission and appropriate legal actions will be taken against him/her.
6. **Admission Requirements:**
  - The orientation week for all new students shall begin on **2<sup>nd</sup> October, 2017 to 6<sup>th</sup> October, 2017.**
  - The lectures shall commence on **Monday 9<sup>th</sup> October, 2017.**
  - All candidates must undergo a Medical Examination and bring with them a Medical Certificate of fitness/health (A Medical examination form/certificate is enclosed herein).
  - Each Candidate is required to confirm in writing that he/she or his/her Sponsor is able to pay/afford the school fees throughout his/her period of study.

  
**PRINCIPAL**  
**SENGEREMA CLINICAL OFFICER**  
**TRAINING CENTRE**  
**P. O. BOX 3, SENGEREMA**  
**MWANZA**

