



**HERMARGS INSTITUTE
COLLEGE OF HEALTH AND ALLIED SCIENCES**

P. O. Box 3086, Morogoro, Tanzania

Tel: +255 742 759 220

E-mail: admission@hermargs.ac.tz/hermargs.institute@gmail.com

Website: www.hermargs.ac.tz

APPLICATION FORM

CHOICE OF PROGRAMME

In the table below indicate the programme you are applying (tick (v) to indicate the choice)

DEPARTMENT	Name of the Programme	Total Duration (Years)	Description	Choice of Programme
SOCIAL WORK	Basic Certificate in Social Work	1	Direct entry from Secondary School (F4)	
	Diploma in Social Work	2	Either Direct entry from Secondary School (F6) or Holder of Certificate in Social Work or other related discipline	

SECTION1: APPLICANT DETAILS (PLEASE COMPLETE IN BLOCK LETTERS OR TYPED)

Last Name								
First Name			Middle Name					
Date of Birth			Nationality					
Sex	Male	Female	Marital Status	Single	Married			
Do you consider yourself to have a disability?			Yes	No	Do you have a criminal conviction?		Yes	No
Permanent Home Address:			Address for Correspondence (If different from Home Address)					
City			City					
Country			Country					
Telephone			Telephone					
Email			<i>Please write your e-mail address clearly</i>					

SECTION 2: EDUCATION DETAILS (YOUR QUALIFICATIONS TO DEMONSTRATE ELIGIBILITY FOR THE PROGRAMME TO BE COMPLETED IN BLOCK LETTERS)

List all academic qualifications from Secondary education and above that you have achieved. Copies of all relevant final transcripts may be attached with this application.

Qualification	From	To	School Name	Index no:	Division

SECTION 3: DETAILS OF PREVIOUS COLLEGE

College/ University name	From	To	PROGRAMME STUDIED	AWARD / GPA

SECTION 4: ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE

P. O. Box:

Cell phone:

Email:

SECTION 5: FINANCE

Indicate how you intend to finance your studies at HERMARGS Institute

How will you finance your studies at HERMARGS? (Tick one)			
Family <input type="checkbox"/> Employer <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>			
Responsible person: (Name and Relationship)		Job Title:	
Cell phone No:		E-mail:	
<p>Sponsor Declaration: I have agreed to finance the above named applicant in his/her studies at HERMARGS Institute and agreed to release funds for tuition fees, other institutional costs and living expenses as and when required.</p>			
Name: _____ Signature _____ Date: _____			

SECTION 6: FEE STRUCTURE AND OTHER PAYMENTS

Total Institute fee and other Institutional costs is **1,650,000** for Social Work for year 1

The fees are payable in full or in installments as indicated in the Table below.

<i>PROGRAMME</i>	<i>First Installment</i>	<i>Second Installment</i>	<i>Third Installment</i>	<i>Fourth Installment</i>
SOCIAL WORK	650,000	300,000	400,000	300,000

While returning this form, please attach the pay-in slip of non-refundable application fee of **TZS 30,000.00** paid through **CRDB BANK Account No: 0150 360 747 500** Account Name: HERMARGS ACADEMY; **OR NMB BANK, Account No: 249 1000 1187** Account Name: HERMARGS INSTITUTE;. You can also pay through any Mobile Money (Tigopesa, M-pesa, Airtel Money, Ezy pesa, T-pesa or Halopesa) using our **Tigo Account 884 82 84** with account name **HERMARGS INSTITUTE**

SECTION 7: MODE OF APPLICATION

Please attach the following into application form

1. Original bank pay-in slip
2. Certified Photocopy of Birth Certificate
3. Certified Photocopy of Form Four (IV) Transcript and Academic Certificate
4. NTA Level 5 transcript/recommendation letter/certificate for applicants for NTA LEVEL 6.
5. Application forms must be returned to HERMARGS Institute by Institutional e-mail: hermargs.institute@gmail.com or admission@hermargs.ac.tz
6. **Deadline for application is 20th September, 2024**

Note: Successful applicants will be required to bring their Certified Copies of Certificates for verification at the time of registration and 3 colored passport size photographs

SECTION 8: DECLARATIONS

I..... certify that the above given information is correct to the best of my knowledge and I accept that I will be accountable for any false information given.

SIGNATURE:

DATE:/...../.....