

# HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)



## CALL FOR APPLICATION IN MASTER OF MEDICINE (MMED) 2017/2018

Hubert Kairuki Memorial University (HKMU), is an accredited and chartered University, recognized by the Government of the United Republic of Tanzania, through the Tanzania Commission for Universities (TCU).

HKMU offers Master of Medicine (MMED) Degree programme in the following specialties: PAEDIATRICS AND CHILD HEALTH

The aim of the MMED training at the HKMU, is to offer higher and specialized medical education and learning experiences, in order to produce more competent practitioners and role models in clinical practice, administration, teaching and health research.

Upon completion of this training, the graduate should be able to:

- i. Understand, practise, and offer high quality specialized medical care to his/her patients, based on current knowledge in basic and applied sciences.
- ii. Analyze and relate, at an advanced level, medical and health care practice to the philosophy, purpose, policy and standards of the medical profession.
- iii. Practise advanced and innovative leadership skills at the highest level within the political, social and health care systems.
- iv. Teach and educate clients, staff and trainees of medical practice or otherwise; while conducting research, consuming and publishing research results and findings.

### **Entry requirements:**

Holder of good MD or MBChB degree or equivalent, normally with at least B grade in the subject intended specialization. Working experience of one year as a Medical Officer, after one-year internship.

**Fee structure:**

The tables below show the new fee structure for postgraduate training at the HKMU, which is subject to change without prior notice.

**MASTER OF MEDICINE (MMED) 2017/2018**

<b>Master of Medicine(MMED)-Tanzanians</b>			
<b>Fees Description</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>
Registration	47,500	-	-
Tuition	9,780,000	9,780,000	9,780,000
Dissertation supervision	-	200,000	200,000
Examination	602,000	-	602,000
Student Union	28,000	28,000	28,000
Medical Aid	55,000	55,000	55,000
Clinical rotations and Research	-	3,250,000	3,250,000
Uniforms	84,000.00	-	-
Caution fee	130,000.00	-	-
<b>TOTAL</b>	<b>10,726,500</b>	<b>13,313,000</b>	<b>13,915,000</b>

**MMED Fee International Students 2017/2018**

<b>Fees Description</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>
Registration	69	-	-
Tuition	8,000	8,000	8,000
Dissertation writing &supervision		200	200
Examination	420	-	420
Student Union	28	28	28
Medical Aid	55	55	55
Clinical rotations and Research	-	2,500	2,500
Graduation			
Uniforms	80	-	-
Caution fee	136	-	-
<b>TOTAL</b>	<b>8,788</b>	<b>10,783</b>	<b>11,203</b>

**Other student costs payable direct to the students****Tanzanians**

<b>Description</b>	<b>Year 1 TZS</b>	<b>Year 2 TZS</b>	<b>Year 3 TZS</b>
Food, accommodation and other Expenses	6,205,000	6,205,000	6,205,000
Book purchase and stationery.	861,000	861,000	861,000
Dissertation Research	-	479,000	479,000
<b>Total payable to student</b>	<b>7,066,000</b>	<b>7,545,000</b>	<b>7,545,000</b>

**International students**

Description	Year 1 USD	Year 2 USD	Year 3 USD
Food and Other Expenses	4,935	4,935	4,935
Book purchase and stationery.	695	695	695
Dissertation Research	-	485	485
Total payable to student	<b>5,630</b>	<b>6,115</b>	<b>6,115</b>

#### Accommodation fee

Room Type	Tanzanians	International Students
Description	TZS	USD
Double	850,000	850
Triple	600,00	600
Hostel Security Fee refundable	20,000.	20

Foreign students will normally need to pay an extra USD 250 every two years for Residence Permit. Payments should be made in Banker's Draft, Telegraphic Transfer, Postal Money Order, or Cheque made payable to:

Hubert Kairuki Memorial University  
Account No: 0200721004 for TZS and 0200721012 for US\$  
Bank of Africa (Tanzania) Ltd, NDC Development House  
Kivukoni/Ohio Street, P.O. Box 3054  
Dar es Salaam, Tanzania  
SWIFT: EUAFTZTZ

#### Mode of application:

Interested applicants for courses mentioned above should apply for Application Forms, with a non-refundable fee of TZS 30,000/= (for Tanzanians) or USD 30.00 (for international students) by Telegraphic Transfer, Postal Money Order, Cheque or Cash payable to the Bursar and sent to:

The Director of Postgraduate Studies and Research Institute  
Hubert Kairuki Memorial University  
322 Regent Estate  
P. O. Box 65300  
Dar es Salaam  
Tel. 255-22-2700021/4  
Fax: 255-22-2775591  
E-mail [titus.kabalimu@hkmu.ac.tz](mailto:titus.kabalimu@hkmu.ac.tz) or [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)

Application forms can be downloaded from the HKMU website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

Deadline for receiving applications is 30<sup>th</sup> September 2018

# HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)

Tel: 255-22-2700021/4

Fax: 255-22-2775591



322 Regent Estate  
P. O .Box 65300  
Dar es Salaam.  
Tanzania

E-mail: [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## APPLICATION FORM FOR POSTGRADUATE PROGRAMME OF STUDY LEADING TO M.MED DEGREE 2018/2019

APPL NO. \_\_\_\_\_

STICK ONE  
PASSPORT  
PHOTOGRAPH

**Please type or write in block letters**

### 1. PERSONAL DETAILS

1.1. First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname/Family name \_\_\_\_\_

1.2. Sex \_\_\_\_\_

1.3. Date of Birth \_\_\_\_\_

1.4. Place of Birth \_\_\_\_\_

1.5. Tribe \_\_\_\_\_ Region \_\_\_\_\_

1.6. Nationality \_\_\_\_\_

1.7. Marital Status \_\_\_\_\_

1.8. Permanent Address \_\_\_\_\_

1.9. Telephone No/Fax \_\_\_\_\_

1.10. E-mail address \_\_\_\_\_

1.11. Current address for correspondence including the telephone/fax number/email  
address (if different from above) \_\_\_\_\_

1.12. Next of Kin \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address of the next of Kin \_\_\_\_\_

Telephone \_\_\_\_\_

2. **ACADEMIC QUALIFICATIONS**

Please list all first Degrees, Higher degrees and any other qualifications obtained since leaving High school with dates.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please give full names of all institutions in the spaces provided above. You must include details of all courses commenced, whether or not the course was completed.

Copies of certificates and transcripts of the academic record or official statement of courses taken, together with confirmation of qualifications should be attached to this application. Certificates should include internship and registration. (Certified copies are acceptable at the initial application stage). Originals will be required on the registration date.

3. **RESEARCH EXPERIENCE AND EMPLOYMENT**

3.1 Research experience and other relevant work (NONE if none)

3.2 Please give details of any employment with dates

3.3 None academic interests

4. **CONCERNING PROPOSED FIELD OF STUDY**

Application should provide a description of the study proposed, giving details of both the aims of their studies. You also should explain why you wish to follow that particular type of studies.

## 5. Referees

Two confidential academic referee forms are attached. Fill these forms as instructed and send them to your referee who will fill his / her part and send them to us.

Please give names and addressees of your two academic referees

(1) Name \_\_\_\_\_  
Address \_\_\_\_\_

(2) Name \_\_\_\_\_  
Address \_\_\_\_\_

## 6. SOURCE OF FUNDING

### 6.1 Financial Provision for your course

All applicants must show that they have at least provisionally secured financial support for the duration of their course. Failure to provide the required financial information will seriously delay consideration of your application.

### 6.2 Please indicate the source of finance for the payment of your tuition fees by ticking the appropriate box.

Self financing \_\_\_\_\_ Being Sponsored \_\_\_\_\_ (tick only one)

Name and address of sponsor (if you are being sponsored)

Prior to registration you will be required to produce a written confirmation of sponsorship/financial guarantee form and send it to the return address below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RETURN ADDRESS

Return this form with additional relevant documents that may be required to:

The Director of Postgraduate Studies and Research Institute

Hubert Kairuki Memorial University

322 Regent Estate

P. O. Box 65300

Dar es Salaam

Tel. 255-22-2700021/4, Fax: 255-22-2775591

E-mail [kabalimu\\_tk@yahoo.com](mailto:kabalimu_tk@yahoo.com) or [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)

# HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)

Tel: 255-22-2700021/4

Fax: 255-22-2775591

E-mail: [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)



322 Regent Estate

P. O. Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## REFERENCE FORM 1

### A. TO THE CANDIDATE

FULL NAME.....

(Please underline your Family name)

Permanent home address.....

1. Degree for which you wish to study.....

2. Proposed date of commencement of study.....

### B. TO THE REFEREE

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a confidential opinion of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

1. Name of referee.....

2. Address.....

3. Position.....

**Please return this form to the Director of Postgraduate Studies and Research Institute on the above address.**

# HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)

Tel: 255-22-2700021/4

Fax: 255-22-2775591

E-mail: [admissions@hkmu.ac.tz](mailto:admissions@hkmu.ac.tz)



322 Regent Estate

P. O. Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## **REFERENCE FORM 2**

### **A. TO THE CANDIDATE**

FULL NAME.....

(Please underline your Family name)

Permanent home address.....

3. Degree for which you wish to study.....

4. Proposed date of commencement of study.....

### **B. TO THE REFEREE**

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a confidential opinion of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

4. Name of referee.....

5. Address.....

6. Position.....

**Please return this form to the Director of Postgraduate Studies and Research Institute on the above address.**