



BESHA COMMUNITY ORGANIZATION
BESHA HEALTH TRAINING INSTITUTE
“For quality Health Training”
P. o. Box 5025, TANGA, TANZANIA.
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Website: www.bhti.ac.tz Email: besha.bhti@gmail.com

PHOTOGRAPH

BESHA HEALTH TRAINING INSTITUTE (BHTI)

APPLICATION FORM ACADEMIC YEAR 2025/26

Names:	Surname:	Middle name:	First name:
Sex:	Nationality:	Date of birth:	Place of Birth:
Applicant's contacts		Mobile numbers: /	
		Email (Compulsory):	
Primary School Attended		Name:	Year
Form 4 Secondary school details:		Name: Form four Index no: Year completed:	
Indicate grades scored for each subject:		Biology: Physics/Engineering Science: Chemistry: Mathematics: English:	
Form 6 Secondary school details (optional):		Name.....Index No.....Year completed..... Score - Biology: Physics: Chemistry:	
Course (Specify the course which you intend to undertake) - Tick the appropriate course.		Clinical Medicine	
		Medical laboratory Sciences	
		Pharmaceutical Sciences	
Parent's /Guardian's/Sponsor's Contacts		Full Name:Mob. No:..... Address: Region: Signature:	

NOTE: Send this dully filled document to the Administration of BESHA Health Training Institute in TANGA, OR
Scan the document and send it via the e-mail: mhandosam@yahoo.com

Declaration: I declare that this is my true information knowing that it is illegal to provide any information which is wrong according to the constitution of Tanzania.

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Applicant's signature