



BESHA Community Organization
"For quality Social Services"

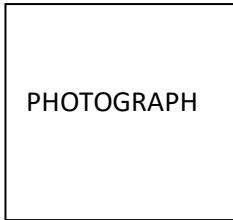
BESHA COMMUNITY ORGANIZATION
BESHA HEALTH TRAINING INSTITUTE

"For quality health training"

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**BESHA HEALTH TRAINING INSTITUTE (BHTI)
APPLICATION FORM ACADEMIC YEAR
2026/27**

Names:	Surname:	Middlename:	Firstname:
Sex:	Nationality:	Dateofbirth:	Placeof Birth:
Applicant'scontacts	Mobilenumbers:...../.....		
	Email(Compulsory):.....		
PrimarySchoolAttended	Name:	Year	
Form4Secondary schooldetails:	Name:..... FormfourIndexno:..... Yearcompleted:.....		
Indicategradesscoredforeach subject:	Biology:.....Physics/EngineeringScience:..... Chemistry:.....Mathematics:.....English:.....		
Form6Secondary schooldetails (optional):	Name.....IndexNo.....Yearcompleted..... Score-Biology:.....Physics:.....Chemistry:.....		
Course(Specifythecoursewhichyou intendtoundertake)-Tickthe appropriate course.	ClinicalMedicine		
	MedicallaboratorySciences		
	PharmaceuticalSciences		
Parent's/Guardian's/Sponsor'sContacts	FullName:.....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.