



COLLEGE OF HEALTH TECHNOLOGY, ALIADE

(FULLY ACCREDITED)

P.M.B 100012, Aliade, Benue State, Nigeria

E-mail: aliedeht@gmail.com

VISITOR/PROPRIETOR:

Hon. Dr. David I. Maor

MBBS (ABU), FICEN, FIHM

Tel. 07064931965, 09056709136

07067492328, 08036226986

PROVOST:

Mr. Peter I. Bur

PHCT, B.SC.

Ref. No:

Date:

SCHOOL FEES SCHEDULE FOR 2025/2026 ACADEMIC SESSION YEAR ONE.

A. NON-REFUNDABLE/ACCEPTANCE FEES:

- i. Non-Refundable Deposit = N60,000
- ii. Acceptance Fees = N10,000

Total = N70, 000

B. TUITION FEES:

- i. Tuition Fee = ~~N~~60,000/Semester
- ii. Maintenance Fee = ~~N~~10,000/(Once)
- iii. Caution Fee = ~~N~~10,000/(Once)
- iv. I D Card = ~~N~~5,000/(Once)
- v. Students' Handbook = ~~N~~5,000/(Once)
- vi. Borehole Levy = ~~N~~5,000/(Once)
- vii. Medical Certificate = ~~N~~5,000/(Once)
- viii. ICT Levy = ~~N~~10,000/Semester
- ix. Examination Fee = ~~N~~5,000/Semester
- x. Practical Fee = ~~N~~5,000/Semester
- xi. Library Fee = ~~N~~3,000/Semester
- xii. Medical Fee = ~~N~~10,000/Semester
- xiii. Transport Fee = ~~N~~5,000/Semester
- xiv. Sport Levy = ~~N~~2,000/Semester

C. UNIFORMS: N30,000

- i. Class Uniform
- ii. White Lab Coat

D. HOSTEL FEES (GIRLS ONLY) = N25,000/SESSION

SCHOOL ACCOUNT INFORMATION

Account Name: College of Health Technology, Aliade

Account No: 2034263882

Bank Name: First Bank Plc.

Account Name: College of Health Technology, Aliade

Account No: 0030756387

Bank Name: Union Bank Plc.