



CCAP SYNOD OF LIVINGSTONIA
Ekwendeni College of Health Sciences



P.O Box 49, Ekwendeni, Malawi

Completed forms should be sent to:
 The Principal,
 Ekwendeni College of Health Sciences,
 Box 49,
 Ekwendeni.
 OR Email: ecohs@unilia.ac.mw

Tel/Fax: +265 982 163 273; 888 707 324

Email: ecohs@unilia.ac.mw

FOR OFFICIAL USE ONLY
 PROGRAMME CODE (SN): -----
 APPLICATION NUMBER: -----
 RECEIPT No. : -----

APPLICATION FORM

PLEASE INDICATE THE PROGRAMME YOU HAVE ARE APPLYING FOR

INSTRUCTIONS: Fill in the required information in BLOCK LETTERS or TICK where applicable

A. APPLICANT'S PERSONAL INFORMATION:

SURNAME ----- FIRST NAME----- (INITIALS) -----

SEX: MALE FEMALE: DATE OF BIRTH: -----

NATIONALITY ----- HOME DISTRICT-----

TRADITIONAL AUTHORITY ----- VILLAGE -----

DENOMINATION -----

CONTACT ADDRESS -----

Mobile No..... Telephone No..... Email:

B. ACADEMIC DETAILS: (ARRANGE THE SUBJECTS IN ORDER OF MERIT).

Qualification e.g. MSCE/IGSCE etc.	Centre Number	Examination number	Subject(s)	Grades/ points	Year

C. SPONSORSHIP: (FOR ALL CANDIDATES)

SPONSOR OR GUARDIAN RESPONSIBLE FOR PAYMENT OF FEES E.T.C.

SURNAME: ----- FIRST NAME: -----INITIALS -----

CONTACT ADDRESS: -----

Mobile No.: ----- Telephone No. ----- E-mail-----

Return the form with proof of payment of a non- refundable **MK15, 000.00** registration fees for Malawian applicants or **US \$30** for non-Malawian applicants. The registration fees should be paid through a bank deposit at National Bank of Malawi, Account Number: 1298054, A/C NAME: Ekwendeni College of Health Sciences, Mzuzu Branch.

D. CHECKLIST: PLEASE CHECK CAREFULLY TO ENSURE YOU HAVE DONE THE FOLLOWING:

- a. Attached a copy of your MSCE certificate or its equivalent (i.e. notification of results slips)
- b. Attached proof of payment of the registration fee

- c. Provided proof of ability to pay fees (i.e., either by attaching a letter from the sponsor or employer confirming sponsorship or bank statements for all candidates).

Notes:

- i. Failure to provide the relevant and necessary information and/or documents may risk the disqualification of the entire application.
 - ii. Applicants should understand that they will be required to abide by college rules and regulations Christian values promoted by the C.C.A.P Synod of Livingstonia.
 - iii. For candidates with special needs, state your disability in the space below.
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I certify that the information I have given is true and that I have checked and provided all the relevant information and documents required in the processing of my application.

SIGNATURE: ----- DATE: -----PLACE-----

Applications should be sent by post, or delivered by hand to Ekwendeni College of Health Sciences, P.O Box 49, Ekwendeni or via email: ecohs@unilia.ac.mw

The applications should reach the Principal's Office by, 18th October 2025.

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours only: +265 982 163 273; +265 888 707 3244, or ecohs@unilia.ac.mw

DISCLAIMER

EKWENDENI COLLEGE OF HEALTH SCIENCES DOES NOT TRANSACT ITS BUSINESSES USING AIRTEL MONEY, MPAMBA, PERSONAL BANK ACCOUNTS OR ANY OTHER MOBILE BANKING SERVICES, AND THE COLLEGE WILL NOT BE HELD LIABLE FOR ANY LOSS OF MONEY THAT HAS BEEN TRANSACTED THROUGH THESE MEANS.

Mission

We endeavour to deliver high quality health care education by promoting best practices and improving healthcare outcomes through improved training tools, partnerships, research, technology and entrenched Christian values to empower our students and staff to make meaningful impact in the communities we serve.