



**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](mailto:ecohs@unilia.ac.mw)

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

Email: [ecohs@unilia.ac.mw](mailto: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 -----



- 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](mailto:ecohs@unilia.ac.mw)

The applications should reach the Principal's Office by, 18<sup>th</sup> October 2024.

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours only: 0982 163 273 0884062134/0888677993 /0995636695, or [ecohs@unilia.ac.mw](mailto: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.

*ECOHS envisages in contributing to a nation with sufficient numbers of adequately trained health care of Christian background to provide quality health care through qualified staff in a conducive environment.*

ECOHS/09/2024