

SYNOD OF LIVINGSTONIA

Ekwendeni College of Health Sciences

P.O Box 49, Ekwendeni, Malawi

Tel/Fax: +265 (0) 1339339

Completed forms should be sent to:

The Principal, Ekwendeni College of Health Sciences, Box 49, Ekwendeni OR

Email: ekwehealthcol@gmail.com

P.O Box 112, Mzuzu, Malawi

FOR OFFICIAL USE ONLY

PROGRAMME CODE (SN): --------------

APPLICATION NUMBER: ---------------

RECEIPT No. : --------------

Email: ekwehealthcol@gmail.com

APPLICATION FORM

PLEASE INDICATE THE PROGRAMME YOU HAVE APPLIED FOR ……………………………………………………………….

Instructions: Fill in the required information in BLOCK CAPITALS or TICK where applicable

1. APPLICANT’S PERSONAL INFORMATION:

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

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

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

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

DENOMINATION --------------------------------------------------------------------------------------------------------------------------------------------------

CONTACT ADDRESS --------------------------------------------------------------------------------------------------------------------------------------------

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

1. ACADEMIC DETAILS: (Arrange the subjects in Order of merit).

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| Qualification e.g. MSCE/IGSCE etc. | Centre Number | Examination number | Subject(s) | Grades/  points | Year |
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1. SPONSORSHIP: (for all Candidates)

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

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

CONTACT ADDRESS: ---------------------------------------------------------------------------------------------------------------------------------------

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

Return the form with payment of a non- refundable MK10, 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:

1. Attached a copy of your MSCE certificate or its equivalent (i.e. notification of results slip)
2. Attached proof of payment of the registration fee
3. 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 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 [ekwehealthcol@gmail.com](mailto:ekwehealthcol@gmail.com)

The applicants should reach the Principal’s office by, 17th December, 2021

All other enquiries, such as fees details, etc, should be directed to the following contacts: 01339339 / 0884062134/0888677993 /0995636695, or [ekwehealthcol@gmail.com](mailto:ekwehealthcol@gmail.com)

NOTE: THE COLLEGE DOES NOT TRANSACT ITS BUSINESSES USING AIRTEL MONEY OR MPAMBA.

*ECOHS envisions being a vibrant and role model health training institution with strong Christian values*

*ECOHS/11/2021*