



# 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

Email: [ecohts@unilia.ac.mw](mailto:ecohts@unilia.ac.mw)

Tel/Fax: +265 (0) 982 163 273/ 888 707 324

Email: [ecohts@unilia.ac.mw](mailto:ecohts@unilia.ac.mw)

FOR OFFICIAL USE ONLY

PROGRAMME CODE (SN): -----

APPLICATION NUMBER: -----

RECEIPT No. : -----

### APPLICATION FORM

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

Instructions: Fill in the required information in BLOCK CAPITALS 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 Telephone:..... Telephone No.....Email: .....

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

Qualification MSCE/IGSCE etc.	e.g.	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 Telephone: ----- Telephone No. ----- E-mail-----

Return the form with 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 slip)
- 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 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 20<sup>TH</sup> February, 2025

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours: **0982163273 / 0888707324** or [ecohs@unilia.ac.mw](mailto:ecohs@unilia.ac.mw)

**NOTE: THE COLLEGE DOES NOT TRANSACT ITS BUSINESSES USING AIRTEL MONEY OR MPAMBA OR ANY OTHER MOBILE BANKING SERVICES.**

*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.*