



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 (0) 1339339

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 **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:

- 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 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.

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, 29th July, 2023.

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours only: 01339339 / 0884062134/0888677993 /0995636695, or 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.