



**UNIVERSITY 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, Malawi

**Tel/Fax: +265 (0) 1339339**  
 Email: ekwehealthcol@gmail.com

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

**APPLICATION FORM FOR CERTIFICATE IN PHARMACY ----- ACADEMIC YEAR**

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
<b>English</b>						
<b>Mathematics</b>						
<b>Biology</b>						
<b>Physical Science</b>						
<b>Chemistry</b>						

**F. 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**

**G. 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) with **three** credits in **English** plus **two** of the following science subjects namely **Mathematics, Biology and Physical Science** or **chemistry**
    - a. Attached proof of payment of the registration fee
    - b. 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.
  - iii. Applicants should understand that they will be required to abide by Christian values promoted by the C.C.A.P Synod of Livingstonia.
  - iv. 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 necessary information and documents required processing 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, **3<sup>rd</sup> September 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)

**ECOHS /08/2021**

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