



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: ekwehealthcol@gmail.com

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

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 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 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 ekwehealthcol@gmail.com

The applicants should reach the Principal's office by, **31st August, 2022.**

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

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