

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) 982163273/0888707324

Email: ecohs@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 (IN	NITIALS)
SEX: MALE FEMALE: DATE OF BIRTH:	
NATIONALITY HOME DISTRICT	
TRADITIONAL AUTHORITY VILLAGE	
DENOMINATION	
CONTACT ADDRESS	
Mobile Telephone: Telephone No Email:	

lualification ISCE/IGSCE etc.	e.g.	Centre Number	Examination number	Subject(s)	Grades/ points	Year
. SPONSORSHIP: (for	all Ca	andidates)				
ONSOR OR GUARDIAN	RESF	PONSIBLE FOR PAYN	MENT 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.

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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 applicants should reach the Principal's office by, 6th October, 2023

All other enquiries, such as fees details, etc, should be directed to the following contacts during working hours: 0982163273/0888707324 /0888677993/0995636695, or ecohs@unilia.ac.mw

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

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.

ECOHS/09/2023