



Malawi College of Health Sciences

..... Campus

APPLICATION FORM FOR ACCOMODATION

To be completed and returned to:

The Principal Malawi College of Health Sciences - Lilongwe Campus P.O. Box 30368 LILONGWE.	The Principal Malawi College of Health Sciences – Blantyre Campus P/Bag 396 BLANTYRE.	The Principal Malawi College of Health Sciences – Zomba Campus P.O. Box 122 ZOMBA.
TICK:	TICK:	TICK:
Send acc form to: lilongwecr@mchs.mw Account Details: Standard Bank Account No: 9100001925250 Branch: Acc. Name: Malawi College of Health Sciences	Send acc form to: blantyre@mchs.mw Account Details: Standard Bank Account No: 9100003325692 Branch: Ginnery Corner Acc. Name: Malawi College of Health Sciences	Send acc form to: zombacr@mchs.mw Account Details: Standard Bank Account No: 9100001489555 Branch: Zomba Acc. Name: Malawi College of Health Sciences

Please tick the appropriate campus where you are applying for accommodation. Your application should also be forwarded to that campus.

PERSONAL DETAILS

Surname:.....

First Name:.....

Sex: **Marital Status:**..... **Nationality:**

Programme:.....

Year of Study:.....

Contact Address:.....

Phone Number (s): **Email:**

Next of Kin:.....(Phone (s)).....

Address (Next of Kin):.....

I..... (full names) wish to apply for accommodation as a residential student at
 (name of campus) for the period from:

Applicant's signature

..... **Date:**

For Official Use only:

Hall Name: Room Number:

Checked by:..... Sign:..... Date:.....

Approved by:..... Sign: Date:.....

ORIGINAL