



**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 <b>LILONGWE.</b>	The Principal Malawi College of Health Sciences – Blantyre Campus P/Bag 396 <b>BLANTYRE.</b>	The Principal Malawi College of Health Sciences – Zomba Campus P.O. Box 122 <b>ZOMBA.</b>
<b>TICK:</b>	<b>TICK:</b>	<b>TICK:</b>
Send acc form to: <a href="mailto:lilongwecr@mchs.mw">lilongwecr@mchs.mw</a> Account Details: Standard Bank Account No: 9100001925250 Branch: Acc. Name: Malawi College of Health Sciences	Send acc form to: <a href="mailto:blantyre@mchs.mw">blantyre@mchs.mw</a> Account Details: Standard Bank Account No: 9100003325692 Branch: Ginnery Corner Acc. Name: Malawi College of Health Sciences	Send acc form to: <a href="mailto:zombacr@mchs.mw">zombacr@mchs.mw</a> Account Details: Standard Bank Account No: 9100003489555 Branch: Zomba Acc. Name: Malawi College of Health Sciences

Please tick the appropriate campus where you are applying for accommodation. Your application should also beforwarded 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:.....