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Malawi College of Health Sciences

REGISTRATION FORM FOR BASIC AND POST – BASIC PROGRAMMES

- 1 Surname:** **First Name (s):**
- 2 Date of Birth:** **Age:**
- 3 Sex:** **Marital Status:**
- 4 District:**..... **Home Village**..... **T.A:**
- 5 Contact Phone Number (s):**
- 6 Contact Address:**
-
- 7 Academic Qualification (s):** MSCE, GCE, or Other (Please Specify)
..... **Certificate No:**
- Year Obtained:** **School:**
- Postal/Physical address:**
-
- 8**
- | <u>Subjects Taken</u> | <u>Grade</u> | <u>Subjects Taken</u> | <u>Grade</u> |
|-----------------------|--------------|-----------------------|--------------|
| 1. English | | 7. Physical Science | |
| 2. Mathematics | | 8. | |
| 3. Biology | | 9. | |
| 4. Physics | | 10. | |
| 5. Chemistry | | 11. | |
| 6. Geography | | 12. | |
- An aggregate of Best Six Subjects including English:**
- 9 Professional Certificate:**..... **Year Obtained**
- College:**
- 10 Occupation:**..... **Current** **employer:**
- **Work Place:**
- Note:** 9 & 10 should be filled by only those applying for Mature Entry programme
- 11 Course of Admission at Malawi College of Health Sciences**
- | | |
|-------------------------------------|--|
| Indicate the appropriate programme: | |
| First Choice | |
| Second Choice | |
| Third Choice | |
- 12 How do you intend to pay for school fees? (Circle the appropriate option)**
- a. Parents/Guardians
- b. Self
- c. Sponsor (name of sponsor))
- d. Any other: Specify

13 Information for Next of Kin:

- a. Name:
- b. Relationship to Applicant:
- c. Contact Number:
- d. Postal Address:
.....
- e. Occupation:

14 Checklist for Essential Documents (Before submitting your application, check all the requirements)

S/N	Relevant Documents	Please tick
1	An application letter	
2	Curriculum Vitae	
3	Copy of MSCE or Equivalent	
4	Copy of bank deposit slip	
5	Copy of Recognized Identification	
6	Copy of Professional Certificate (s)	
7	Copy of Professional Body Registration	

Note: 6 & 7 are requirements for post-basic candidates

15 I (full names) do hereby declare that the information I have provided above is true and correct. I also declare that I have checked and verified all the requirements and I qualify for the chosen course (s) and realize that a false declaration could lead the College to **defer and/or withdraw** my recruitment.

Signature: **Date:**

Official Use Only

Checklist of Essential Documents

S/N	Relevant Documents	Please Tick	COMMENT
1	An application letter		
2	Curriculum Vitae		
3	Copy of MSCE or Equivalent		
4	Copy of bank deposit slip		
5	Copy of Recognized Identification		
6	Copy of Professional Certificate (s)		
7	Copy of Professional Body Registration		
	General Comment (Qualifying/Not Qualifying)		

Note: 6 & 7 are requirements for post-basic candidates

Course, MSCE Grades and all relevant documents Certified by:

Name: **Signature:**.....

Date:

Course, MSCE Grades and all relevant documents Verified by:

Name: **Signature:**

Date: