



Malawi College of Health Sciences
 Campus

APPLICATION FORM FOR ACCOMMODATION

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: 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 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 name (s)) 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:**.....