



MALAWI ADVENTIST UNIVERSITY  
MALAMULO COLLEGE OF HEALTH SCIENCES  
P. O. BOX 55 MAKWASA. MALAWI. AFRICA  
TEL/FAX 265(0)470139  
Email: [malamulo.college.@yahoo.com](mailto:malamulo.college.@yahoo.com)

**APPLICATION FOR ADMISSION FOR SEPTEMBER 2016 INTAKE**  
(WRITE BLOCK LETTERS)

NAME OF APPLICATION: \_\_\_\_\_: Application for Admission receipt No: \_\_\_\_\_ (official use)

Last \_\_\_\_\_ Given \_\_\_\_\_ Middle \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_

Mother \_\_\_\_\_ Religion \_\_\_\_\_

Village \_\_\_\_\_ T/A \_\_\_\_\_ District \_\_\_\_\_

Nationality \_\_\_\_\_ CHURCH (specify) \_\_\_\_\_

Postal Address \_\_\_\_\_

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Birth Place \_\_\_\_\_ Gender (M/F) Applicants cell number \_\_\_\_\_

Email Address \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_

**COURSE APPLIED FOR (Tick the course of your choice)**

\_\_\_\_\_ **Bachelor of Science in Medical Laboratory**

\_\_\_\_\_ **Bachelor of Science in Public Health**

**EDUCATIONAL BACKGROUND**

	Name of School	Dates
Primary School	_____	_____
Address	_____	_____
Secondary School	_____	_____
Address	_____	_____

**SUBJECT GRADE AND YEAR OF MSCE “O” LEVEL OR its EQUIVALENT**

SUBJECT	GRADE	YEAR
ENGLISH		
MATHEMATICS		
BIOLOGY		
PHYSICAL SCIENCE		
SCIENCE AND TECHNOLOGY		
AGRICULTURE		
CHICHEWA		
GEOGRAPHY		
HISTORY		
BIBLE KNOWLEDGE		
LIFE SKILLS		
HOME ECONOMICS		
COMPUTER SCIENCES		
TOTAL POINTS		

**CONTRACT ADDRESS OF SPONSOR**

Name \_\_\_\_\_ Relation to you \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature of sponsor \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name and Address:

\_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to you \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

1. When coming for interview bring your original documents.
2. Complete this application form and bring it with you when coming for interviews. **DO NOT POST!**
3. Deposit a **non-refundable application fee** amounting to **MK5,000.00** to this account: National Bank of Malawi, Malamulo Nurse Fund, Victoria Avenue branch, Current Account number 779229.
4. Contact the Registrar, for any enquiries or clarification (during working hours only) on 0884006928 or [lydiamakondesa@gmail.com](mailto:lydiamakondesa@gmail.com) or [lmakondesa@mchsmu.ac.mw](mailto:lmakondesa@mchsmu.ac.mw)