

## SYNOD OF LIVINGSTONIA Ekwendeni College of Health Sciences P.O Box 49, Ekwendeni, Malawi



Completed forms should be sent to: The Principal, Ekwendeni College of Health Sciences, Box 49, Ekwendeni **OR** 

Email: ekwehealthcol@gmail.com

Instructions:

Tel/Fax: +265 (0) 1339339 Email: ekwehealthcol@gmail.com

FOR OFFICIAL USE ONLY	
PROGRAMME CODE (SN):	
APPLICATION NUMBER:	
RECEIPT No. :	

## **APPLICATION FORM**

Fill in the required information in **BLOCK CAPITALS** or **TICK** where applicable

PLEASE INDICATE THE PROGRAMME YOU HAVE APPLIED FOR .....

A. APPLICANT'S PERSONAL INFORMATION:				
SURNAME FIRST I	NAME	ME (INITIALS)		
SEX: MALE FEMALE:	DATE OF BIRTH:			
NATIONALITY	HOME DISTRICT			
TRADITIONAL AUTHORITY	VILLAGE			
DENOMINATION				
CONTACT ADDRESS				
Mobile Telephone:	ephone No.	 Email: .		
B. ACADEMIC DETAILS: (Arrange the subjects in				
Qualification e.g. Centre Numb  MSCE/IGSCE etc.		Subject(s)	Grades/ points	Year

F							
	ONSOR OR GUARDIAN RESPO	ONSIBLE FOR PAYMEN					
			INITIALS				
CO	NTACT ADDRESS:	ADDRESS:					
Nur D. CH a. b. c.	awian applicants. The registration mber: 1298054, A/C NAME: Ekwers 12980554, A/C NAME: Ekwers 1298054, A/C NAME: Ekwers 12	vendeni College of Hea ully to ensure you have certificate or its equivale the registration fee fees (i.e. either by attach dates. ant and necessary information	done the following: nt (i.e. notification of remaining a letter from the speciation and/or documented to abide by Christian	Branch sults slip) consor or employer confi	rming sponso	orship entire	
	iii i or canaractee mareposiar						
	rtify that the information I have suments required in the proces			provided all the relevan	t informatio	n and	
App via	NATURE: plications should be sent by post, email ekwehealthcol@gmail.com applicants should reach the Prince	or delivered by hand to E	Ekwendeni College of F				

ECOHS envisions being a vibrant and role model health training institution with strong Christian values

All other enquiries, such as fees details, etc, should be directed to the following contacts: 01339339 / 0884062134/0888677993 / 0995636695, or <a href="mailto:ekwehealthcol@gmail.com">ekwehealthcol@gmail.com</a>