

UNDERGRADUATE APPLICATION FORM FOR DEGREE PROGRAMMES

Please Tick the Type of Programme Applied for:

a. Mature Entry

b. Economic Fee Paying

NOTE: CANDIDATES WHO WERE PREVIOUSLY WITHDRAWN FROM ANY OTHER PUBLIC UNIVERSITY ON ACADEMIC GROUNDS AND THOSE ALREADY REGISTERED WITH ANY OTHER PUBLIC UNIVERSITY AS GOVERNMENT OR SELF-SPONSORED STUDENTS <u>ARE NOT ELIGIBLE FOR ADMISSION</u>

Α.	PERSONAL DETAIL	S	
1.	Surname:	First Name:	Initials:
2.	Date of Birth:	/ Sex: M F Nationality:	
	Home District:	T/A:Village:	
3.	Contact Address:_		
	– Tel:	Mobile: Email:	
4.	Next of Kin – Addr	ess:	
	Tel:	Mobile: Email:	
В.	PROGRAMME API	PLIED FOR (Use the abbreviated codes provided in the advert.)	
Pro	gramme: Name		Code
C.	QUALIFICATIONS	RECORD (Tick/Indicate appropriately)	
	ctly attach original any commissioner o	academic transcript(s) and copy(s) of certificate(s)/statement of result(s) duly certif f oaths.	fied by a district commissioner
i.	Degree/Diploma	i:	

School/Board: ______

Year: _____

Attach your passport size photo

here

ii. High/Secondary school (Fill in the gaps below with the relevant information)

Grades		
Year:		
Qualification:		
Centre name:		
Centre #:		
Candidate #:		
Subject (Highest to Lowest)	Grade	
1.		
2.		
3.		
4.		
5.		
6.		
7.		

iii. Other <u>Relevant</u> Qualifications

 Year	School/Board
 Year	School/Board
 Year	School/Board

D. CANDIDATES WITH SPECIAL NEEDS

State any physical impairment you have and any special assistance/facilities that you require: ___

E. EMPLOYMENT RECORD (attach a reference letter from each employer given below)

Name of Employer	0+11-14	Dates	
(start with the recent employer) Post Held		From	То

F. APPLICATION FEE

All applicants are **<u>STRICTLY</u>** required to **<u>DEPOSIT</u>** a nonrefundable application fee of **K12**, **000.00** for Malawians and **U\$25.00** for international applicants <u>to the following</u> <u>bank A account:</u>

	NATIONAL BANK OF MALAWI
Account Name	KUHeS Fees
Account Number	1008195923
Branch	Chichiri Branch
Swift Code	NBMAMWMW

Note: A copy of the deposit slip <u>bearing the name of the</u> <u>applicant</u> should be attached to the application form.

G. SUBMISSION OF APPLICATION FORM

A duly completed application form together with a bank deposit slip showing the name of the candidate and any other relevant attachments **should be sent to the address given below**

Γ	The Registrar
Γ	Kamuzu University of Health
	Science
	P/Bag 360, Chichiri
	Blantyre 3
	Email: admissions@kuhes.ac.mw

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, $\mathbf{26}^{\text{TH}}$ MAY, 2023

IT	EM	\checkmark	
10	I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:		
1.	Copies of all my relevant degrees/diplomas/certificates/academic transcripts duly certified by a commissioner of oaths		
2.	Original proof of availability of funds to finance my training i.e. official sponsorship letter or applicants bank statement(s)		
3.	Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.		
4.	Curriculum vitae (CV) with names and contact details of three traceable referees.		
5.	A clear specification of a programme applied for as well as the candidate's preferred mode of its delivery		
6.	Official reference letter(s) from the current and/or previous employer(s) showing proof of at least 2 years work experience.		

I. DECLARATION

H. CHECKLIST

I.

certify that all the information given on this form is true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information will justify a denial of admission or expulsion from the University.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!

hereby