



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

**HOSTEL ACCOMMODATION APPLICATION FORM FOR NEW STUDENTS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Sex: ☐ Male ☐ Female Student Number: \_\_\_\_\_ [as indicated on the intake list]

Programme of Study: \_\_\_\_\_

Year of Study: ☐ Foundation ☐ First Year ☐ Others (Specify): \_\_\_\_\_

Period Applying: ☐ Semester 1 ☐ Semester 2

Campus (tick applicable campus): ☐ Mahatma Gandhi ☐ Kameza/Queens ☐ Lilongwe

Nationality: ☐ Malawian ☐ Foreign Age: ☐ Years

Previous Secondary/High School: \_\_\_\_\_ District: \_\_\_\_\_

Student Contact Details/Home Address: Village \_\_\_\_\_ T/A: \_\_\_\_\_

District \_\_\_\_\_ Tel./Cell No.: \_\_\_\_\_ Email: \_\_\_\_\_

Current Residential Area: \_\_\_\_\_ District: \_\_\_\_\_

Name of Next of Kin/Guardian (in case of emergency): \_\_\_\_\_

Tel./Cell Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby apply for campus hostel accommodation. Once provided with accommodation, I will abide by the hostel rules and regulations. ☐ Yes ☐ No

1. It is assumed that all applicants unless otherwise indicated are prepared to share a room.

a. Are you prepared to share a room? ☐ Yes ☐ No

b. If No to question (a) above, give reasons with evidence if any \_\_\_\_\_  
\_\_\_\_\_

2. Do you have a medical condition or physical challenge? ☐ Yes ☐ No

a. If Yes specify (Your doctor's report will be required): \_\_\_\_\_

3. What is your source of funding for accommodation? \_\_\_\_\_

The information supplied by the applicant on this form is taken into account when allocating rooms.

**DECLARATION:** If accepted as a resident, I agree to abide by the hostels rules and regulations as stipulated in both the tenancy/residence Agreement and KUHeS Students' Rules and Regulations.

NAME OF THE APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EXCELLENCE FOR LIFE**



**For office use only:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Allocation Remarks: \_\_\_\_\_

\_\_\_\_\_

Hostel allocated: \_\_\_\_\_ Room number: \_\_\_\_\_

Period: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2024/2025 Academic Year KUHeS Accommodation Charges**

<b>Description</b>	<b>Area m<sup>2</sup></b>	<b>Discounted Price (MK)per bed per month</b>
Single Bed - Ensuite	8.77	MK 30,000.00
Two Single Beds - Sharing, Ensuite	13	MK 25,000.00
Two Single Beds - Sharing, Common Ablution	16	MK 20,000.00
Other Rooms/Lounges - shared	20	MK 15,000.00

***Dully completed application forms should be submitted to:***

**The Director of Student Affairs, Kamuzu University of Health Sciences,  
Private Bag 360,  
Chichiri Blantyre 3, Malawi.  
E-mail: [accommodation@kuhes.ac.mw](mailto:accommodation@kuhes.ac.mw)**

**[PLEASE NOTE THAT ONLY FULLY COMPLETED ACCOMMODATION FORMS SHALL BE  
PROCESSED]**

**CLOSING DATE FOR SUBMISSION IS 31<sup>ST</sup> JULY 2024**