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| **PHOTO** |

**CONTINUING EDUATION CENTRE**

**APPLICATION FORM FOR JULY TO DECEMBER 2022 SEMESTER**

(*This form must be completed in block letters*)

**SECTION A**

# A. PERSONAL INFORMATION

## i. SURNAME: …………………………………………………… Title: DR/MR/MRS/MS ii. OTHER NAMES: ………………………………………………………………………… iii. MARITAL STATUS: …………………… DATE OF BIRTH: ………………………….…. iv. NATIONALITY …………………………………GENDER………………………………

v. ACADEMIC QUALIFICATION …………………………………………………………. vi. PROFESSIONAL QUALIFICATION ….……………………………………….……….. vii. HOME DISTRICT ………………………………………………………………………… viii. CONTACT ADDRESS…………………………………………………………………… Xi TEL/CELL: ………………………….. EMAIL: ………………………………………….

# B. COURSE APPLIED FOR

1. **FIRST CHOICE…………………………………………………………………………..**
2. **SECOND CHOICE ……………………………………………………………………..**

**C. CAMPUS: BLANTYRE ( ); LILONGWE ( ); MZUZU ( ) & MSALURA ( ) D. MODE OF ATTENDANCE:**  Weekday/Weekend **(TICK )**

## **RETURN THIS TO:** THE DIRECTOR OR COORDINATORS ON THE ADDRESSES GIVEN IN THE ADVERT BY ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT

SLIP OF **TEN THOUSAND** KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBERS **9100002714695/9100001168336.**

## **SIGNATURE OF APPLICANT** …………………………. DATE ………………………………………

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*Centre of excellence in scientific and technological education and training*