



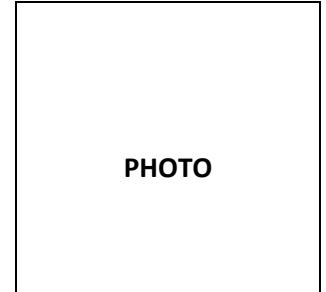
## CONTINUING EDUCATION CENTRE

### 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

- i. **FIRST CHOICE**.....  
ii. **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** .....

