UNIA	A SITY OF MALIA	APPLICATION FORM FOR A SHORT COURSE IN PHOTOVOLTAIC INSTALLATIONS AND MAINTENANCE This form should be completed in BLOCK LETTERS and returned together with the required attachments to the 2020 ODeL Admissions, Registrar, Chancellor College, P.O. Box 280, Zomba	Attach your passport size photo here				
Α.	PERSONAL DET	AILS					
1.		FirstName:					
2.	Date of Birth: _	/ Sex: M F Nationality:					
	Home District:	T/A:Village:					
3.	Contact Addres	S:					
	Phone Number ( <b>that you can be easily contacted on</b> ):						
	Alternative Phone Numbers						
4.	Next of Kin – Ac	ldress:					
	Tel:	Mobile: Email:					
5.	Parent's/Guard	ian's Occupation					
6.	How did you pay for your secondary school fees?						
В.	QUALIFICATIONS RECORD						

You must attach photocopies of your statement of results or certificates, officially stamped and signed by the headteacher of your last school where you wrote the examinations, or the District Education Manager (DEM), or the District Commissioner or any Commissioner of Oaths. You cannot use two independent certificates

Name of School: \_\_\_\_\_\_ Type of School (National/District/Day/CDSS/Pvt): \_\_\_\_\_\_

MSCE/O-LEVEL RESULTS					
Year:					
Qualification:					
Centre name:					
Centre #:					
Candidate #:					
Subject (Highest to Lowest)	Grade	Subject	Grade		
1.		5.			
2.		6.			
3.		7.			
4.		8.			

Have you ever been registered as a student of the University of Malawi or any other comparable institution elsewhere before?

Reason for leaving your previous institution: \_\_\_\_\_

## C. CANDIDATES WITH SPECIAL NEEDS

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

## D. SUBMISSION OF APPLICATION FORM

A duly completed application form and any other relevant attachments should be sent to the address given below

## THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 24 JULY, 2020

## E. DECLARATION

\_\_\_\_\_ hereby certify that the information given

above is true and to the best of my knowledge.

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