ST. JOHN'S INSTITUTE FOR HEALTH

P. O. Box 18
Mzuzu
Malawi

Telephone: (265) 111 611 311
Fax: (265) 111 611 311
Email:sjifh@sjifhmw.com

STUDENT APPLICATION FORM

Student information

First Name _____

Last Name _____

Gender _____

Date of birth _____ Age: _____

Address _____

District _____

Phone _____ Phone 2 _____

Email _____

Country _____

Other personal information

Nationality _____

Religion *(please specify)* _____ Denomination _____

Home district _____

Address _____

Guardian information

First Name _____

Last Name _____

Cell Phone _____ Phone 2 _____

Email _____

Home district _____

All PROGAMS ARE NON – RESIDENTIAL

First Choice: Choose your program (*please select one*)

- ☐ Diploma Nursing and Midwifery Technician
- ☐ Diploma in Public Health
- ☐ Diploma in Clinical Medicine(Upgrading)
- ☐ Certificate in Pharmacy

Second Choice: Choose your program (*please select one*)

- ☐ Diploma Nursing and Midwifery Technician
- ☐ Diploma in Public Health
- ☐ Diploma in Clinical Medicine(Upgrading)
- ☐ Certificate in Pharmacy

MSCE GRADES

SUBJECT	**GRADE**
English	
Chemistry	
Physics	
Biology	
Computer Studies	
Mathematics	
Agriculture	
Geography	
Physical Science	

Disabilities or Health Issues (state any disabilities):

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Return the form with payment of a non- refundable **MK15, 000.00** registration fees for Malawian applicants or US$ 30 for non-Malawian applicants. The registration fees should be paid through a bank deposit at **Standard Bank of Malawi, Account Number:9100001251934, A/C NAME: St. John's Nursing College, Mzuzu Branch**

CHECKLIST: Please check carefully to ensure you have done the following:

a. Attached a copy of your MSCE certificate or its equivalent (i.e. notification of results slip)
b. Attached proof of payment of the registration fee.
c. Attach Annual registration license with the Medical Council of Malawi (this is only specific for those applying Diploma in Clinical Medicine Upgrading Program)

Notes: Failure to provide the relevant and necessary information and/or documents may risk the disqualification of the entire application.

I certify that the information I have given is true and that I have checked and provided all the relevant information and documents required in the processing of my application.

SIGNATURE: ---------- DATE: ---------- PLACE----------

The application form should be sent by post, or delivered by hand to St. John's Institute for Health, P.O box 18, Mzuzu, Malawi or email to **Admission@sjifhmw.com**
The applications should reach the Principal's office by **Friday 2nd October, 2026.**

FEES-CONTRIBUTION IN THE ACADEMIC YEAR 2026/2027 FOR ALL PROGRAMMES

Serial No.	Program	Fees per Semester
1.	Diploma in Nursing Midwifery Technician	MK 692, 000. 00
2.	Diploma in Public Health	MK 612, 500.00
3.	Diploma in Clinical Medicine (Upgrading)	MK 612, 500.00
4.	Certificate in Pharmacy	MK 790, 000.00

All other enquiries, such as fees details, etc. should be directed to the following contacts:

0996 306 408: 0995 443 680: 0888 144 889: 0881 429 821

NOTE: THE INSTITUTE DOES NOT TRANSACT ITS BUSINESSES USING AIRTEL MONEY OR MPAMBA.