



# ST. JOHN'S INSTITUTE FOR HEALTH

P. O. Box 18  
Mzuzu  
Malawi

Telephone: (265) 111 611 331  
Fax: (265) 111 611 331  
Email: [sjih.mw@gmail.com](mailto:sjih.mw@gmail.com)

## STUDENT APPLICATION FORM

### Student information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
District \_\_\_\_\_  
Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Email \_\_\_\_\_  
Country \_\_\_\_\_

### Other personal information

Nationality \_\_\_\_\_  
Religion *(please specify)* \_\_\_\_\_  
Home district \_\_\_\_\_  
Address \_\_\_\_\_

### Guardian information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Email \_\_\_\_\_  
Home district \_\_\_\_\_

**Choose your program (please select one)**

- Diploma Nursing and Midwifery Technician
- Certificate in Pharmacy
- Certificate in Clinical Medicine
- Diploma in Public Health

**Secondary School grades**

<b>Subject name</b>	<b>Grades</b>
English	
Chemistry/ Physics	
Biology	
Mathematics	
Agriculture	
Geography	
Physical Science	

Disabilities (state any disabilities):

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Return the form with payment of a non- refundable **MK12, 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. Provided proof of ability to pay fees (i.e. either by attaching a letter from the sponsor or employer confirming sponsorship or bank statements for all candidates.

**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 [sjih.mw@gmail.com](mailto:sjih.mw@gmail.com)

The applications should reach the Principal's office by **18<sup>th</sup> October 2024**

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

**+265(0)994 558 359; +265(0)884 671 884**

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