



# ST. JOHN'S INSTITUTE FOR HEALTH

P. O. Box 18  
Mzuzu  
Malawi

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Fax: (265) 111 611 311  
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## 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 PROGRAMS ARE NON – RESIDENTIAL**

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

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

**MSCE GRADES**

English	
Chemistry/ Physics	
Biology	
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

**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 [sjifh@sjifhmw.com](mailto:sjifh@sjifhmw.com)  
The applications should reach the Principal’s office by **10<sup>th</sup> October, 2025**.

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**

