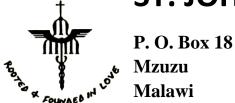
## ST. JOHN'S INSTITUTE FOR HEALTH



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	^5U.
District	
Phone	Phone 2
Email	Thone 2
Country	
Country	
Other personal informatio	on the state of th
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	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					
Secon	nd 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					
MSC	CE GRADES					
Engli	ish					
Chen	nistry/ Physics					
Biolo	ogy					
Math	ematics					
Agric	culture					
Geog	graphy					
Physi	Physical Science					
Disab	pilities or Health Issues (state any disabilities):					

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
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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 <a href="mailto:sjifh@sjifhmw.com">sjifh@sjifhmw.com</a>
The applications should reach the Principal's office by 10th 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