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)

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

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

MSCE GRADES

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.

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 send an email to **sjifh@sjifhmw.com**
The applications should reach the Principal's office by **3rd April, 2026.**

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

+265(0) 996 306 408; +265(0)995 443 680.

NOTE: THE INSTITUTE DOES NOT TRANSACT ITS BUSINESS USING AIRTEL

MONEY OR MPAMBA.