



# ST. JOHN'S INSTITUTE FOR HEALTH

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Malawi

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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
- 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](mailto:sjifh@sjifhmw.com) / [sjih.mw@gmail.com](mailto:sjih.mw@gmail.com)

The applications should reach the Principal’s office by **3<sup>rd</sup> 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.**