

CITY AND GUILDS COURSES ADMISSION AUG - NOV 2024 SESSION

This form MUST be completed in **BLOCK LETTERS** and returned together with required attachments to the **City and Guilds Coordinator**, **Computer Science and Information Systems Department**, **MUBAS**, P/Bag 303, Chichiri, Blantyre 3

Email: mmsendema@mubas.ac.mw

PHOTO

		APPLICANT NUMBER (For office use only):					
A . The	_	IBILITY um qualification 1. IT Essentials and Diploma: MSCE					
		2. Advanced Diploma: Diploma in ICT					
		3. CISCO: IT Essentials / Diploma in ICT	Ch.				
В.	CANE 1.	DIDATE INFORMATION Surname: First Name:	Initials:				
	2.	Date of Birth (DD/MM/YYYY):/ Sex: M□ F□: Nationality:					
	3.	Home District: T/A: Village:					
	4.	Contact Address:					
	5.	Tel:Mobile:Email:					
C.	NEXT 1. 2. 3.	T OF KIN INFORMATION Name: Relationship (e.g. Father, Mother, Uncle, Wife, etc.):					
	3. 4.	Address:					
D.	ACADEMIC RECORD (This section to be filled by NEW candidates only) MSCE: □ O-Level: □ A-Level □ Other: □ Specify						
	No	Subject	Grade				
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	3.						
	4.						
	5.						
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No	FESSIONAL QUALIFICATION (Name of Institution (e.g.	Attach certificates) Award Obtained (e.g. CISCO.) Year of A		Award		
	MUBAS, UNIMA, Soche)					
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No	students please tick the maximul Name of Program		Tuition Fees (MK)	✓		
1.	IT Essentials (3 months)		250,000			
2.	CISCO- CCNA (per semester)		250,000			
3. 4.	Diploma in ICT Systems Supp Advanced Diploma in ICT Sys		350,000 350,000			
	MNITY	тені Зирроп	330,000			
1.	All tuition fees must be paid through the Bank payable to CISCO NETWORKING ACAI CURRENT ACCOUNT NO: 9100003117593, STANDARD BANK, GINNERY CORNER BR and the deposit slips should be submitted to the coordinator;					
2.	Fees should be paid in FULL or by instalments (a maximum of two), with the initial payer HALF and the balance MUST be settled within 31 days of the initial instalment;					
3.	Candidates shall strictly follow MUBAS student rules and regulations; and					
4.	The candidate will be required to pay examination fees (rates to be announced later) Guilds through the examination centre, Institute of Continuing Education.					
5.	Declaration by candidate: I,do confirm that I have giver information required truthfully and accurately to the best of my knowledge and belief.					
	Signature:	Date (DD/MM/YYY	Y):/			
			,			
APPI		tick the box on the right if your answ	er is a YES)			
Iten	LICATION CHECKLIST (please		er is a YES)	Tic		
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AN INCOMPLETE FORM WILL NOT BE CONSIDERED

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