



THE POLYTECHNIC

CONTINUING EDUCATION CENTRE

DIPLOMA APPLICATION FORM

(This form must be completed in block letters)

SECTION A

A. PERSONAL INFORMATION

- i. SURNAME: Title: DR/MR/MRS/MS
- ii. OTHER NAMES:
- iii. MARITAL STATUS: DATE OF BIRTH:
- iv. NATIONALITYSEX.....
- v. ACADEMIC QUALIFICATION
- vi. PROFESSIONAL QUALIFICATION
- vii. HOME DISTRICT
- viii. CONTACT ADDRESS.....
- xi TEL/CELL: EMAIL:

B. COURSE APPLIED FOR

- i. **FIRST CHOICE**.....
- ii. **SECOND CHOICE**

C. MODE OF ATTENDANCE: Weekday/Weekend (TICK)

RETURN THIS TO: THE DIRECTOR, CEC, THE POLYTECHNIC, P/BAG 303, BLANTYRE 3,
ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND A BANK DEPOSIT SLIP OF **TEN THOUSAND**
KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE:
ACCT NUMBER **9100002714695**.

SIGNATURE OF APPLICANT **DATE**