



**INSTITUTE OF CONTINUING EDUCATION**  
**APPLICATION FORM FOR JULY – DECEMBER 2024 SEMESTER**  
*(This form must be completed in block letters)*

**SECTION A**  
PERSONAL INFORMATION

1. SURNAME: ..... Title: DR/MR/MRS/MS
2. OTHER NAMES: .....
3. MARITAL STATUS: ..... DATE OF BIRTH: .....
4. NATIONALITY:.....GENDER:.....
5. ACADEMIC QUALIFICATION:.....
6. PROFESSIONAL QUALIFICATION: .....
7. HOME DISTRICT:.....
8. CONTACT ADDRESS:.....
9. TEL/CELL: ..... EMAIL: .....
10. NEXT OF KIN: .....CONTACT:.....

**SECTION B**  
COURSE APPLIED FOR

1. FIRST CHOICE.....
2. SECOND CHOICE .....

**SECTION C**  
CAMPUS: BLANTYRE ( ) ; LILONGWE ( ) ; MZUZU ( ) & MSALURA ( )

**SECTION D**  
MODE OF ATTENDANCE: WEEKDAY/ WEEKEND (TICK)

RETURN THIS TO: THE DIRECTOR OR COORDINATOR ON THE ADDRESSES GIVEN IN THE ADVERT BY ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND BANK DEPOSIT SLIP OF TEN THOUSAND KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME: CONTINUING EDUCATION CENTRE: ACCT NUMBER 9100001168336

SIGNATURE OF APPLICANT ..... DATE .....