

## Incubation Centre JANUARY 2023 INTAKE

This form MUST be completed in BLOCK LETTERS and returned together with required attachments to the Incubation Hub Manager, MUBAS, P/Bag 303, Blantyre 3 ΡΗΟΤΟ

A	PPL	ICANT NUMBER (For office use only):
	1. 2.	GIBILITY The minimum qualification is PSLCE Candidates must be 18 years and above
в.	-	IDIDATE INFORMATION Surname:First Name:
	1.	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.	NE)	
	1.	Name:
	2.	Relationship (e.g. Father, Mother, Uncle, Wife, etc.):
	3.	3. Address:
	4.	Tel: Mobile: Email:
D.	PSL	ADEMIC RECORD (Indicate highest level of education by ticking appropriate box) CE: □ JCE: □ MSCE: □ BSC: □ Other: □ cify
E.		ULD YOU LIKE TO DECLARE ANY DISABILITY THAT WOULD IMPACT YOUR RNING?
	No:	□ Yes □ Specify (e.g. hearing impairment)

F. **PROGRAM SPECIFICATIONS** (Please indicate the course applied for by checking in the right-hand boxes)

SN	Name of course	Fee	Topics to include	Tick √
1.	Food Processing	MK 75,000.00	Pasta (spaghetti) making Peanut butter Baking – • Cake baking basics • Bread production • scones Mayonnaise making Jam making	
2.	Tailoring	MK 75,000.00		
3.		MK 75,000.00	Dish wash Hair shampoo Car shampoo Pine gel Tablet soap Laundry	
4.	Audio-Visual Media Production (Radio/Video/print)	MK 75,000.00	Radio Presentation and program production Videography and editing skills Newspaper and Online Writing skills Photojournalism	
5.	Wood work	MK 120,000.00		
6.	Metal work	MK 150,000.00		

### G. COURSE TIMES

The courses will be offered during the week, special arrangements for weekend can be made upon discussion.

# H. INDEMNITY

1. All tuition fees must be paid through the Bank payable to:

Account name:Polytechnic incubation centreAccount number:1005479068Service center:Chichiri branch

- Fees should be paid in FULL upon registration or in two installments with the initial payment at least HALF and the balance MUST be settled within 30 days of the initial instalment;
- 3. Candidates shall strictly follow MUBAS student rules and regulations; and
- 4. Declaration by candidate:

I,								lo co	onfirm	that I	have
given	all the	information	required	truthfully	and	accurately	to the	best	of my	knowl	edge
and	belief.	Signature	·				C	)ate	(DD/I	MM/YY	′YY):
	/	/									

#### I. APPLICATION CHECKLIST (please tick the box on the right if your answer is a YES)

Item	Tick √
Have you completed all relevant sections of this form?	
Have you deposited the nonrefundable registration fee and attached a machine-printed deposit slip bearing your name to this form??	
Have you deposited at least half of the Tuition fee and attached a machine-printed deposit slip bearing your name to this form?	
Have you provided a passport size photo?	

#### J. FORM SUBMISSION

- 1. Submission in person at Potters Lodge, MUBAS main campus or Incubation centre Office at Trade fair grounds in an envelope clearly marked ATTENTION INCUBATION MANAGER.
- 2. Via post or courier to Incubation Centre Manager p/bag 303 Chichiri Blantyre 3.
- 3. Via email to incubationhub@mubas.ac.mw with subject Application for Incubation short course.

#### **INCOMPLETE FORMS WILL NOT BE PROCESSED**