



INSTITUTE OF CONTINUING EDUCATION
APPLICATION FORM FOR JANUARY – JUNE 2025 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