



Incubation Centre JULY 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

PHOTO

APPLICANT NUMBER (For office use only):

A. ELIGIBILITY

1. The minimum qualification is PSLCE
2. Candidates must be 18 years and above

B. CANDIDATE INFORMATION

1. 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 OF KIN INFORMATION

1. Name: _____
2. Relationship (e.g. Father, Mother, Uncle, Wife, etc.): _____
3. 3. Address: _____

4. Tel: _____ Mobile: _____ Email: _____

D. ACADEMIC RECORD (Indicate highest level of education by ticking appropriate box)

PSLCE: JCE: MSCE: BSC: Other: Specify _____

E. WOULD YOU LIKE TO DECLARE ANY DISABILITY THAT WOULD IMPACT YOUR LEARNING?

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 50,000.00	Sausage making	
			Peanut butter	
			Baking	
			Mayonnaise making	
			Jam making	
2.	Tailoring	MK 50,000.00		
3.	Soap Making	MK 60,000.00	Dish wash	
			Hair shampoo	
			Car shampoo	
			Pine gel	
			Tablet soap	
			Laundry	
4.	Audio-Visual Media Production (Radio/Video/print)	MK 60,000.00	Radio Presentation and program production	
			Videography and editing skills	
			Newspaper and Online Writing skills	
			Photojournalism	
5.	Shoes making	MK 70,000.00		
6.	Wood work	MK 85,000.00		
7.	Metal work	MK 100,000.00		

G. COURSE TIMES

The courses will be offered in two slots. Slot 1: Weekdays (Thursday and Friday,) Slot 2: Weekend (Saturday and Sunday). Please pick the times that you would be comfortable to attend the courses by checking **✓ the boxes on the right**.

S/N	Days of Training	Tick ✓
1.	Weekdays: Thursday and Friday	
2.	Weekend: Saturday and Sunday	

H. INDEMNITY

1. All tuition fees must be paid through the Bank payable to: **POLY PROJECTS ,NATIONAL BANK CHICHIRI BRANCH. ACCOUNT NO:706687, CHICHIRI BRANCH** and the deposit slips should be submitted to the coordinator;
2. 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, _____ do confirm that I have given all the information required truthfully and accurately to the best of my knowledge and belief.
Signature: _____ Date (DD/MM/YYYY): ____/____/____

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 in an envelope clearly marked ATTENTION INCUBATION MANAGER.
2. Via post or courier to Incubation Hub 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