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KAMUZU UNIVERSITY
OF HEALTH SCIENCES

APPLICATION FOR ADMISSION AS POSTGRADUATE STUDENT

1. Applicant Personal details

Title: Dr/Mr/Mrs/Miss/Ms/Other _____

Surname:

First Name:

Middle Name(s):

Sex: Male Female Date of Birth

Applicant Postal Address:

Telephone/Cell Number: _____

Email: _____

Nationality

2. Next of kin details:

Title:

Dr/Mr/Mrs/Miss/Ms/Other _____

(First Name / Middle Name / Surname)

Next of kin address:

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Telephone:

Cell:

Email:

Relationship

3. Course applied for

I am applying for admission to: *(tick where necessary)*

Tick	Degree
	Postgraduate Diploma in HIV Medicine
	Master of Public Health (MPH)
	Master of Science in Epidemiology (MEP)
	Master of Science in Global Health Implementation (MGH)
	Master of Science in Antimicrobial Stewardship
	Master of Science in Medical Laboratory Science
	Master of Business Administration in Health Systems Management (MBA-HSM)
	Master of Science in Sexual and Reproductive Health & Rights Research (SRHRR)
	Master of Science in Reproductive Health
	Master of Science in Bioinformatics
	Master of Science in Adult Health Nursing

	Master of Science in Child Health Nursing
	Master of Science in Community Health Nursing
	Master of Science in Mental Health (Public Mental Health Care)
	Master of Science in Mental Health (Mental Health Nursing)
	Master of Science in Nursing & Midwifery Education
	Master of Science in Midwifery
	Master of Medicine (MMed) in Emergency Medicine
	Master of Medicine (MMed) in Internal Medicine
	Master of Medicine (MMed) in Family Medicine
	Master of Medicine (MMed) in Surgery - Orthopaedics
	Master of Medicine (MMed) in Surgery - General
	Master of Medicine (MMed) in Ophthalmology
	Master of Medicine (MMed) in Paediatrics & Child Health
	Master of Medicine (MMed) in Obstetrics and Gynaecology
	Master of Medicine (MMed) in Dermatology
	Master of Medicine (MMed) in Radiology
	Master of Medicine (MMed) in Psychiatry
	Master of Medicine (MMed) in Anaesthesia
	Master of Medicine (MMed) in Pathology
	Master of Medicine (MMed) in Oncology
	Master of Medicine (MMed) in Ear Nose & Throat (ENT)
	Clinical Fellowship (COSECSA) in General Surgery
	Clinical Fellowship (COSECSA) in Plastic Surgery
	Clinical Fellowship (COSECSA) in Orthopaedics
	Clinical Fellowship (COSECSA) in Paediatric Surgery
	Clinical Fellowship (COSECSA) in Ear Nose & Throat (ENT)
	Master of Philosophy (MPhil)
	Doctor of Philosophy (PhD)

If you are applying for PhD or MPhil, please specify the field of study, the department and primary supervisor in the table below:

Field of Study	
Department	
Primary Supervisor	
Secondary Supervisor	

4. Qualifications and Academic Record

The Academic Transcript must be sealed or authenticated as a true copy of the original. Copies of the original Certificates/Academic Transcripts must be certified as a true copy of the original certificate by Notary Public or Official of the institution that issues the certificates/Academic Transcripts and must bear the official stamp. Faxed, scanned or emailed documents will not be accepted as originals or certified copies.

Name of Qualification	Institution	Country	Date Completed
Pre-University			
Previous University			

5. Work experience

Chronologically include work experience relevant to the program applied for. You can include consultancies and short work assignments.

Name of Company /organisation	Position	Nature responsibility	Years of service	Name of Referee (Supervisor)

6. Financing your studies

Provide a letter of proof of funding. If you are self-funding, provide a latest three month statement of your bank account.

7. Research experience/Prizes/Publications (Please attach full curriculum vitae separately)

8. Why do you wish to pursue the course and how does it fit with your career prospects? (Continue on a separate sheet(s) if necessary)

9. References (Use the attached Appendices 1 and 2 for Academic and Professional references respectively)

Declaration and signature

I supply the information on this form and in support of this application on the understanding that it shall be used for purposes relating to my application. I understand that UNIMA reserves the right to reverse any offer of admission at registration or afterwards, made on the basis of inaccurate information, impersonation, falsification of documents, or giving false, incomplete or inadequate information.

I am aware of the tuition and living cost associated with studying this course and I am able to meet all my expenses for the duration of my study.

SIGNATURE _____ Date _____

The payment of application fee should be made to:

ACCOUNT NAME: COM POSTGRADUATE POOL
BANK NAME: NATIONAL BANK OF MALAWI
BRANCH NAME: CHICHIRI BRANCH
ACCOUNT NUMBER: 698881
ACCOUNT TYPE: CURRENT ACCOUNT
SWIFT CODE: NBMAMWMW003

Completed application should be sent to:

**THE UNIVERSITY REGISTRAR,
KAMUZU UNIVERSITY OF HEALTH SCIENCES,
PRIVATE BAG 360
CHICHIRI BLANTYRE 3
MALAWI**

ATTENTION: ASSISTANT REGISTRAR (ACADEMIC) (In case of Courier)

TEL: +2651871911, +265 (0) 1 874 107, FAX +265 (0) 1 874 700

E-mail: admissions@kuhes.mw

Copy: postgraduateadmin@medcol.mw

[FOR OFFICIAL USE]

CHECKLIST:

- Submitted the filled application form;
- Included a passport-size photo;
- Provided sealed / authenticated copies of academic transcript including translation where necessary;
- Provided authenticated copies of academic certificates;
- Presented proof of funding (letter of support from my sponsors or recent 3 month bank statement);
- Attached Curriculum Vitae;

- Submitted two letters of reference, one academic and the other one professional;

Submitted a letter of release from my employer (where applicable);

Submitted letter(s) of standing from accreditation body e.g. Malawi Medical Council (where applicable);

Submitted a copy of proof of change of surname (where applicable);

Paid non-refundable application fee of MK10, 000.00 for Malawian applicants / \$30.00 for foreign applicants.

Checked by:.....Signature.....Date.....