



**ST LUKE'S COLLEGE OF HEALTH SCIENCES**  
**(The Anglican Diocese of Upper Shire – Malawi)**  
 P.O. Box 21, Chilema, Zomba  
 Telephone: +265 (0)999 680 488 or +265 (0)995 475 430  
 Email: [admin@stlchs.ac.mw](mailto:admin@stlchs.ac.mw)



### 2025 INTAKE APPLICATION FORM

A. PERSONAL INFORMATION			
Surname			Date of Birth
First Names			Sex
Home Address	District	T/A	Village
Email address			Cell No.
WhatsApp working numbers			
Contact address			
<b>B. Information for Next of Kin:</b>			
a) Name: _____			
b) Relationship to Applicant _____			
c) Contact Number: _____			
d) Postal Address: _____			
e) Occupation: _____			
C. PROGRAM OF STUDY (Choose program you applying for by ticking in the last column)			
CORE PROGRAMS	DURATION	FEES/SEMESTER	
Diploma in Public Health (MCM)	3 Years	MK 550,000.00	
Diploma in Nursing and Midwifery (NMT)	3 Years	MK 550,000.00	
Certificate in Midwifery (CMA)	1 Year 6 months	MK 550,000.00	
PARALLEL PROGRAMS	DURATION	FEES/SEMESTER	
Community Development (ABMA)	1 Year 6 Months	MK200,000.00	
D. EDUCATION (Indicate MSCE grades)			
Subject	Grade	Subject	Grade
Agriculture		Physical sciences	
Biology		Mathematics	
Chichewa		Geography	
English			
Chemistry			
Physics			

### E. Other Additional Qualification

Qualification	Year	School /board

### F. Candidates with special needs

State any physical impairment you have and any special assistance/facilities that you require:

### G. How do you intend to pay for school fees? (Circle the appropriate option)

- a) Parents/Guardians
- b) Self
- c) Sponsor (name of sponsor) \_\_\_\_\_
- d) Any other: Specify \_\_\_\_\_

### H. Additional information

- Closing date for receiving application forms is **7<sup>th</sup> February, 2025**. For enquiries call: **0884280813** or **0999680488**
- **Please take note that there are no scholarships.**
- Submit completed forms and proof of payment of fees to: [admissions@stlchs.ac.mw](mailto:admissions@stlchs.ac.mw)
- All money should be deposited to the following account: **Diocese Medical Project ,National Bank of Malawi , Zomba Service Centre, Account number 286664**

I \_\_\_\_\_ (full names) do hereby declare that the information I have provided above is true and correct. I also declare that I have checked and verified all the requirements and I qualify for the chosen course (s) and realize that a false declaration could lead the College to defer and/or withdraw my recruitment.

**Signature:** \_\_\_\_\_

**DISCLAIMER:** *St Luke's College of Health Sciences does not have agents for student enrolment into our programs and we do not transact through Mpamba, Airtel Money or any personal bank account. The College shall, therefore, not be liable for any complaints relating to the same. Anyone involved in the same should be reported to the nearest police station.*