

DMI - ST. JOHN THE BAPTIST UNIVERSITY

MALAWI

(Run by the Fathers of MMI, Sisters of DMI and Collaborators)

Fully approved & accredited by the Government of Malawi

Website: www.dmisjbu.edu.mw

Affix recent passport size color photo

MANGOCHI CAMPUS

P.O Box 406, Mangochi, Malawi, Central Africa Ph: + 265 991287235, + 265 884100676 Tel: 01599790 E-mail: dmisjbu@gmail.com

LILONGWE CAMPUS

P.O Box 2398, Area 4, Lilongwe, Malawi, Central Africa Phone: + 265 881047088 + 265 992371901 E-mail: dmisjbulilongwe@gmail.com

BLANTYRE CAMPUS

P.O Box 5806, Raynor Avenue,Limbe, Malawi, Central Africa Ph: + 265 999933788, + 265 888711115 E-mail: ticblantyre@gmail.com

☐ Diploma ☐ Bachelor Degree	APPLICATION FORM	Application No:	
A. PERSONAL DETAILS			
1. Title: ☐ Mr. ☐ Ms. (Please Tick one)			
2. Name of the Applicant: (In Capital Lette	r)		
SURNAME	F	I R S T N A M E	
	I N I T I A L		
3. Gender: Male Female 4. Date	of the Birth:	Y Y 5. Age:	
6. Marital Status: Married Single	7. Nationality:	8. Religion:	
9. Home District:	10. Traditional Authority:	11. Village:	
12. Tribe: 13. Pass	oort/NRC No.:		
B. NEXT OF KIN			
Title: Surname :	First Name:	Initial :	
Address:			
Email ID:	Mobile No:	Occupation :	
Organization :	Relationship:		
C. PROGRAMME APPLIED FOR Campuses: Mangochi (MH), Lilongwe(LW), Blantyre (BT)(Choose the one appropriate)			
First Programme Name			
Choice Mode of Learning ☐ Face	to Face Blended Online Can	npus MH LW BT	
Second Programme Name			
Choice Mode of Learning Face	to Face Blended Online Can	npus MH LW BT	
Third Programme Name			
1.08.4	to Face Blended Online Car	npus MH LW BT	

D. REDIRECTION

If you are not selected to any of your chosen programmes due to stiff competition and limited available Space, you may be considered for selection to any programme which you did not choose but closer to your choice.

E. PREVIOUS AC	ADEMIC RECORD	(Fill in the gaps i	below with the	relevant information)
lave you ever be	en registered as a	student of any pu	blic university	in Malawi? If yes,
When:	Programme	:	Instit	ution:
Reason for leavi	ing your previous i	nstitution		
F.ACADEMIC RE	CORD (MSCE/I	GCSE OR OTHER I	EQUIVALENT II	NTERNATIONALLY RECOGNIZED
QUALIFICATION	NS AT 'O' LEVEL)			
MSCE:	O-Level:	A-Level:	Other:	Specify
You must atta	ch photocopies of	your statement o	f results or cer	tificates, officially stamped and signed
By the Head te	eacher of your last	school where you	wrote the exa	iminations, or the District Education
Manager, or th	ne District commiss	ioner or any com	missioner of O	aths. You cannot use two independent
Certificates for	r purposes of accur	nulating credits.		

i. MSCE/O-Level or equivalent qualification (s)

1st Attempt Grades	2nd Attempt Grades	3rd Attempt Grades
Year:	Year:	Year:
Qualification:	Qualification:	Qualification:
Certificate #:	Certificate #:	Certificate #:
Centre/School Name:	Centre/School Name:	Centre/School Name:
Centre #:	Centre #:	Centre #:
Candidate #:	Candidate #:	Candidate #:
From: To:	From: To:	From: To:
Country:	Country:	Country:
Subject (Highest to Lowest)	Subject (Highest to Lowest)	Subject (Highest to Lowest)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

ii. A-Level or equivalent qualification (s)

1st Attempt Grades	2nd Attempt Grades	3rd Attempt Grades
Year:	Year:	Year:
Qualification:	Qualification:	Qualification:
Certificate #:	Certificate #:	Certificate #:
Centre/School Name	Centre/School Name	Centre/School Name
Centre #:	Centre #:	Centre #:
Candidate #:	Candidate #:	Candidate #:
From: To:	From: To:	From: To:
Country:	Country:	Country:
Subject (Highest to Lowest)	Subject (Highest to Lowest)	Subject (Highest to Lowest)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
	for your university education? or/others/Etc., or put "self"	

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only, and the information you submit will be used to help DMI-SJBU provide appropriate support. Please tick all that apply.

1. No Disability	6. Blind/serious visual impairment
2. Learning Difficulty	7. Wheelchair user/Mobility issues
3. Deaf/Serious Hearing impairment	8. Mental Health condition
4. Personal care support	9. Other disability not listed here
5. Unseen Disability : Eg. Diabetes	

Please detail other disability or additional support r	needs :	
DECLARATION		
Ithis form is true and further recognize that my a		J
Signature:	Date:	
CHECKLIST I confirm that I have duly completed all the release the following supporting documents:	evant sections of this application form at	tached
Copies of all relevant certificates and acader the application. These must be duly certified copies of the original	·	
2. Source of funding, i.e. official scholarship awa	ard/sponsorship letter.	
3. Proof of payment of an appropriate application the amount of application fee paid.	on fee bearing my name and	