**PG Form 1**

Attach your Passport photo here

**COLLEGE OF MEDICINE**

**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 DD MM YYYY

Applicant Postal Address:

|  |
| --- |
|  |
| Telephone: Cell: |
| Email: |

Nationality

1. **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 Bioinformatics |
|  | Master of Medicine (MMed) in Accidents & Emergency |
|  | 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 an MPhil or PhD, please specify the department and primary supervisor in that department**

|  |  |
| --- | --- |
| 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 | | | |
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| Previous University | | | |
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**5.** **Work experience**

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

**short work assignments**.

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

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**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)**

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**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 REGISTRAR,**

**COLLEGE OF MEDICINE,**

**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@medcol.mw**](mailto:admissions@medcol.mw) **Copy:** [**postgraduateadmin@medcol.mw**](mailto:postgraduateadmin@medcol.mw)

**[FOR OFFICIAL USE]**

**CHECKLIST**

The applicant has**:**

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 / $300.00 for foreign applicants.