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| UNIMA COLOUR LOGO HIGH RESO |
| **COLLEGE OF MEDICINE** |

**HOSTEL ACCOMODATION APPLICATION FORM FOR NEW STUDENTS**

**2018/2019 ACADEMIC YEAR**

***(To be submitted to Assistant Registrar (AC) in duplicate)***

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEX: MALE FEMALE STUDENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [AS GIVEN ON INTAKE LIST]**

**PROGRAMME OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR OF STUDY: FOUNDATION FIRST YEAR OTHERS (SPECIFY): ………………….…………………**

**NATIONALITY: MALAWIAN FOREIGN AGE (IN YEARS): ……………..**

**NATURE OF ENTRY: GENERIC MATURE PRIVATE**

**NAME OF THE PREVIOUS SECONDARY/HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT CONTACT DETAILS: HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VGE / T/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT. TEL./CELL NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT RESIDENTIAL AREA: AREA DISTRICT**

**NAME AND CONTACT ADDRESS OF NEXT OF KIN (IN CASE OF EMERGENCY):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TEL./CELL NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby apply for accommodation in the college hostels. I have read, understood and agree to abide by the rules and regulations applicable to students given campus accommodation. [The hostel rules and regulation]**

1. **It is assumed that all applicants unless otherwise indicated are prepared to share a room.**

**Yes No  *(Please tick in the appropriate box)***

1. **If no to 1, please specify or/and provide evidence if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Are you an applicant with a physical challenge? If yes specify.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The information supplied by the applicant on this form is taken into account when allocating rooms. It would be very much in the interest of the applicant if necessary information is given on the medical conditions that might influence room allocation e.g. epilepsy, mobility problems, etc.**

**DECLARATION: If accepted as a resident, I agree to abide by the rules and regulations of the hostels as stipulated in both the tenancy/residence Agreement and College Students’ Rules and Regulations.**

**NAME OF THE APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_**

**[This form must be filled by the student themselves and not a representative]**

**For office use**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allocation Remarks by the Hostel Supervisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Dully completed application forms in duplicate should be submitted to:***

**THE REGISTRAR,**

**COLLEGE OF MEDICINE,**

**PRIVATE BAG 360,**

**CHICHIRI BLANTYRE 3,**

**MALAWI.**

**ATTENTION: ASSISTANT REGISTRAR (ACADEMIC)**

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

**E-mail:** [**accommodation@medcol.mw**](mailto:accomodation@medcol.mw)

***[PLEASE NOTE THAT ONLY FULLY COMPLETED ACCOMODATION FORMS SHALL BE PROCESSED]***