



# KUPA VOCATIONAL SKILLS COLLEGE

## APPLICATION FORM FOR CANDIDATES

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the college.

**INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!**

Attach your  
passport size  
photo here

### A. PERSONAL DETAILS

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  Nationality: \_\_\_\_\_

3. Contact Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

4. Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### B. QUALIFICATIONS RECORD *(Tick/Indicate appropriately)*

MSCE or Equivalent: \_\_\_\_\_ Year \_\_\_\_\_

#### iii. Other Relevant Qualifications:

\_\_\_\_\_ school/board \_\_\_\_\_ Year \_\_\_\_\_

#### iv. Have you ever been registered as a student of this institution before or any other comparable institution

If yes, when: \_\_\_\_\_ Programme: \_\_\_\_\_ Institution: \_\_\_\_\_

### PROGRAMME APPLIED FOR

Health and Skin Care Therapy: 1-year Diploma  2-year Diploma

### D. SPONSORSHIP

Sponsored  Self-Sponsored

If sponsored:

Name of Sponsor: \_\_\_\_\_

Sponsor's Contact Details:

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

## E. FEES STRUCTURE

- ❖ Processing fee: MK5,000
  - ❖ **Tuition fees**
    - ✓ 1-year Diploma – MK 240, 000 per term
    - ✓ 2-year Diploma – MK 120,000 per term
- (50% payable at entry and the remainder in two equal instalments)

## F. APPLICATION

All Applicants are **STRICTLY** required to **DEPOSIT** the processing and tuition fees to the following account:

	<b>NATIONAL BANK OF MALAWI</b>
<b>ACCOUNT NAME</b>	<b>D.L.C. INVESTMENTS CO. LTD</b>
<b>ACCOUNT NUMBER</b>	<b>1002869779</b>
<b>BRANCH</b>	<b>CAPITAL CITY BRANCH</b>

## G. SUBMISSION OF APPLICATION FORM:

A copy of the deposit slip bearing the name of the applicant, a duly completed Application form with copies of the MSCE or its Equivalent should be delivered to the following Address:

KUPA VOCATIONAL SKILLS COLLEGE
ADULT LITERACY CENTRE PREMISES
AREA 14, LILONGWE.
PHONE:

Or via email to: [kupavocational@gmail.com](mailto:kupavocational@gmail.com)

## G. CHECKLIST

ITEM	
I confirm that I have duly completed all the relevant sections of this application form and attached supporting documents:	<input type="checkbox"/>
1. Copies of <b>all my relevant</b> certificates/academic transcripts <b>duly certified by a commissioner of oaths</b>	<input type="checkbox"/>
3. Copy of a bank deposit slip showing the name of the applicant and proof of payment of an appropriate application fee.	<input type="checkbox"/>

## H. DECLARATION

I \_\_\_\_\_ hereby certify that all the information given on this form is true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information will justify a denial of admission or expulsion from the College.

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

Date: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED!**