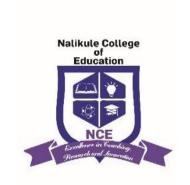
## Completed forms should be sent to:

The Registrar Nalikule College of Education P.O. Box 40680, Kanengo Lilongwe 4

OR electronically to:

aregistraracademic.nce@gmail.com

1 APPLICANT'S PERSONAL DETAILS



FOR OFFICIAL USE ONLY
APPLICATION NO:
RECEIPT NO:

## 2025/2026 APPLICATION FORM FOR

## TRAINING PROGRAMMES IN BACHELOR OF EDUCATION (SECONDARY), GENERIC AT NALIKULE COLLEGE OF EDUCATION

For candidates with special needs, state the disability you have and any special assistance/facilities that you need

	SURNAME: FIRST NAME:						
	SEX: MALE	F	EMALE	DATE OF BIRTH:	(de	d/mm/yyyy)	
NATIONALITYNATIONAL ID NO.:							
	Mobile Telephone:			E-mail:			
2	PROGRAMME APPLIED FOR (Indicate the Programme and Teaching Subjects Combination of your choice)						
	PROGRAMME			TEACHING SUBJECT COMBINATION			
3 <b>ACADEMIC DETAILS</b> (Arrange the subjects in order of merit: from highest to lowest grades/points)							
	Qualification e.g:	Centre	Examination	Subject	Grade/Points	Year	
	MSCE/IGSCE etc.	Number	Number				
	H				<del>-  </del>		

Qualification comparable to O-Level/IGCSE shall be interpreted as follows for purposes of admission: A \* = 1; A = 2; B = 3; C = 5; D = 7; EFG = 8

## 4. PROCESSING FEE

All applicants should pay a non-refundable processing fee of **Fifteen Thousand Malawi Kwacha** (**KI5, 000.00**). The processing fee should be deposited directly into the following bank account:

Branch: City Centre Branch Account Name: Nalikule GPF Account Number: 0004704001020 Type of Account: Current  5. CHECKLIST (Please check that you have attached the following)  a) A copy of your MSCE certificate or notification of results or its equivalent;  b) Copy of National ID;  c) Proof of payment: Attach Bank Deposit Slip  d) In addition to the above, serving teachers should attach the following:  (i) Copy of T2 certificate  (ii) Copy of GP1 form  (ii) Recommendation from the authorities  6. DECLARATION I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.  SIGNATURE: DATE:	Name o	of Bank:	First Capital Bank (FCB)					
Account Number: 0004704001020 Type of Account: Current  5. CHECKLIST (Please check that you have attached the following)  a) A copy of your MSCE certificate or notification of results or its equivalent;  b) Copy of National ID;  c) Proof of payment: Attach Bank Deposit Slip  d) In addition to the above, serving teachers should attach the following:  (i) Copy of T2 certificate  (ii) Copy of GP1 form  (ii) Recommendation from the authorities  6. DECLARATION  I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.	Brancl	n:	City Centre Branch					
Type of Account: Current  5. CHECKLIST (Please check that you have attached the following)  a) A copy of your MSCE certificate or notification of results or its equivalent;  b) Copy of National ID;  c) Proof of payment: Attach Bank Deposit Slip  d) In addition to the above, serving teachers should attach the following:  (i) Copy of T2 certificate  (ii) Copy of GP1 form  (ii) Recommendation from the authorities  6. DECLARATION  I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.	Accoun	nt Name:	Nalik ule GPF					
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6. DECLARATION  I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.	(ii) Copy of GP1 form							
I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.	(ii) Recommendation from	n the authorit	ies					
I certify that the information I have given is true and that I have checked and provided all the information and documents required to process my application.								
and documents required to process my application.	6. DECLARATION							
	I certify that the information I ha	ave given is t	rue and that I have checked and provided all the information					
SIGNATURE: DATE:	and documents required to process my application.							
SIGNATURE: DATE:								
SIGNATURE: DATE:								
	SIGNATURE:	•••••	DATE:					

Applications should be sent by post to the **address provided on the first page**, or delivered by hand at Nalikule College of Education in the Registry or through email at <a href="mailto:aregistraracademic.nce@gmail.com">aregistraracademic.nce@gmail.com</a> The applications should reach the Registrar's office by Friday, 31st January 2025