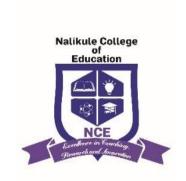
Completed forms should be sent to:

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

OR electronically to:

aregistraracademic.nce@gmail.com



FOR OFFICIAL USE ONLY
APPLICATION NO:
RECEIPT NO:

2025/2026 MATURE ENTRY APPLICATION FORM FOR

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

F	For candidates with special	needs , state the disabil	ity you have and any special assistance/facilities that you need		
•••					
1 APPLICANT'S PERSONAL DETAILS					
SURNAME: FIRST NAME:					
	SEX: MALE	FEMALE	DATE OF BIRTH:(dd/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			UBJECT COMBINATION		
		Major	Minor		

ADEMI(
(i)	Institution whe	re the diploma	
	was Obtained	L	
(ii)	Year when the	diploma was obtaine	ed
(iii)	Subject Combir	nation: Major	Minor
(iv)	Category of cer (Tick one)	rtificate: Pass	Credit Distinction
(v)	Cumulative GP	'A (where applicable	
(vi)	Average grade	in the final year (Wh	nere applicable)
(vii)	Minimum grad	e in the final year	
4 DDC	ACECCIAIC EEEE		
All app		•	ble processing fee of Fifteen Thousand Malawi K eleposited directly into the following bank account:
All app	licants should p	•	
All app	licants should p	ssing fee should be d	deposited directly into the following bank account:
All app	licants should p	Name of Bank:	leposited directly into the following bank account: First Capital Bank (FCB)
All app	licants should p	Name of Bank: Branch:	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF
All app	licants should p	Name of Bank: Branch: Account Name:	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020
All app (KI5, 0 0	licants should p	Name of Bank: Branch: Account Name: Account Number Type of Account	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020
All app (KI5, 00)	licants should pool. The proce	Name of Bank: Branch: Account Name: Account Number Type of Account	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 :: Current
All app (KI5 , 00) 5. CHI a) A c	licants should pool. The proce	Name of Bank: Branch: Account Name: Account Number Type of Account e check that you have	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 c: Current re attached the following)
All app (KI5 , 00) 5. CHI a) A c b) Co	ECKLIST (Please copy of National II	Name of Bank: Branch: Account Name: Account Number Type of Account e check that you have	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 r: Current re attached the following) ification of results or its equivalent;
5. CHI a) A c b) Co c) Pro	ECKLIST (Please copy of National II port of payment: A	Name of Bank: Branch: Account Name: Account Number Type of Account e check that you have CE certificate or notice;	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 r: Current re attached the following) ification of results or its equivalent;
5. CHI a) A c b) Co c) Pro	ECKLIST (Please copy of National II port of payment: A	Name of Bank: Branch: Account Name: Account Number Type of Account e check that you have CE certificate or notice; attach Bank Deposit ove, serving teacher	First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 r: Current re attached the following) ification of results or its equivalent;
5. CHI a) A c b) Co c) Pro	ECKLIST (Please copy of National II coof of payment: A addition to the ab	Name of Bank: Branch: Account Name: Account Number Type of Account e check that you have CE certificate or notific; attach Bank Deposit ove, serving teacher certificate	leposited directly into the following bank account: First Capital Bank (FCB) City Centre Branch Nalikule GPF r: 0004704001020 r: Current re attached the following) ification of results or its equivalent;

6	DECL	AR.	A TT	$\cap N$
u.	IJFA I	$\mathbf{A}\mathbf{N}$	4 11	UNIN

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:
DIGITALI CILL.	• • • • • • • • • • • • • • • • • • • •	

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 aregistraracademic.nce@gmail.com The applications should reach the Registrar's office by **Friday**, 31st January 2025