

Completed forms should be returned to:

2019/2020 Admissions
The University Registrar
Daeyang University
P.O. Box 30330
CAPITAL CITY, LILONGWE,
MALAWI



FOR OFFICIAL USE ONLY

PROGRAMME CODE:

APPLICATION NO. :

RECEIPT NO. :

ADMISSION APPLICATION FORM: 2019/2020 ACADEMIC YEAR

Instructions: Fill in the required information in **BLOCK LETTERS** or tick where appropriate

For applicants with special needs, state in this box any form of disability you have and any special assistance/facilities that you need:.....

A. APPLICANT'S PERSONAL DETAILS

SURNAME:..... FIRST NAME..... INITIALS.....

SEX: MALE ☐ FEMALE ☐ DATE OF BIRTH.....

NATIONALITY..... HOME DISTRICT

TRADITIONAL AUTHORITY..... VILLAGE.....

CONTACT ADDRESS

Mobile Telephone Other Number..... E-mail

RELIGION..... DENOMINATION..... **(religion will not to be used as a criterion for admission)**

B. ACADEMIC DETAILS (arrange the subjects in order of merit from highest to lowest grades/points)

| Qualifications eg: MSCE/IGSCE etc. | Centre Number | Examination Number | Subject | Grades/Points | Year |
|------------------------------------|---------------|--------------------|---------|---------------|------|
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Qualifications comparable to IGCSE "O" level shall be interpreted as follows for purposes of admission:

A* = 1; A = 2; B = 3; C = 5; D = 7; EFG = 8.

Other qualifications (for candidates applying for upgrading programmes)

| Degree, Diploma, Certificate etc | Examining Body | Examination Centre | Year | No. of years of work experience |
|----------------------------------|----------------|--------------------|------|---------------------------------|
| | | | | |

C. SELECTION OF PROGRAMMES OF STUDY:

Please indicate the programme(s) of choice in order of priority, by inserting the serial number(S/N) of the programme(s) into the appropriate boxes as follows:

1st Choice ☐ 2nd Choice ☐ 3rd Choice ☐ * For MBBS, please indicate the **Category** to be considered for, under programme 3 below.

D. RE-DIRECTION: I am willing to be considered for re-direction to any other programme **YES** ☐ **NO** ☐

| | |
|---|---|
| 1 | Bachelor of Science (Nursing and Midwifery) |
| 2 | Bachelor of Science (Information and Communication Technology - ICT) |
| 3 | * Bachelor of Medicine and Bachelor of Surgery (MBBS) a) Normal Entry <input type="checkbox"/> b) Self-sponsored/ Economic fee Category <input type="checkbox"/> |

E. FINANCIAL SUPPORT (to be filled by responsible person for fees payment)

Name: _____ **Address:** _____

Signature: _____ **Telephone:** _____

Email: _____

F. PAYMENT OF ADMISSION APPLICATION FEE

The application fee should be paid by depositing the amount of **K15,000** into the following bank account:

Name of the Bank : NBS Bank
Account Name : Daeyang University
Account Number : 14369667
Branch : Capital City Branch
Swift code (for international transfers): NBSTMWMW

G. FEES

Tuition fees : **K450,000** per Semester
Administrative & registration fee : **K60,000** per Academic Year
Students' Council fee : **K5,000** per Academic Year
Medical fee : **K21,600** per calendar year
Accommodation : **K20,000** per month
Meals : **K45,000** per month for 3 meals per day.

- **NOTE: For MBBS candidates, further categories for admission may include self-sponsored students who shall be required to pay full economic cost for the training which is US \$5,722.58 tuition per academic year for Malawians and SADC nationals; and US \$8,722.50 for Non-Malawians from outside SADC. Candidates wishing to be considered under these categories should clearly state so in their application.**

The fees are subject to revision at any time. The above fees do not include costs for other requirements such as personal lap top computers, uniform during practical placements, protective wear for laboratory sessions and other programme-specific requirements. Candidates should therefore prepare for these additional costs. Detailed will be provided to the successful candidates at a later stage.

H. CHECKLIST: Please check that you have done the following:

- a) attached a certified copy of your MSCE certificate or its equivalent
- b) attached proof of payment of the admission application fee
- c) provided proof of ability to pay fees by attaching a letter from the sponsor or employer confirming sponsorship, or bank statements

I. DECLARATION BY APPLICANT

I declare that all the information is true and correct to the best of my knowledge and belief. I have checked and provided all the information and documents required to process my application. I am aware that the University reserves the right to reject any application and or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the University, I shall be under the disciplinary control of the authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the University. I declare that I will be able to pay the fees provided, and as they may be revised from time to time.

Full names of applicant:

SIGNATURE.....DATE.....PLACE.....

All applications should be sent by post, courier or delivered by hand to the following address:

2019/2020 Admissions
University Registrar
Daeyang University
P.O. Box 30330
LILONGWE 3
MALAWI
TEL: 0994000389
: 0997435073
: 0997435071
(for enquiries, during working hours only).

The applications should reach the University by **Friday, 1st February, 2019.**