



NURSES AND MIDWIVES COUNCIL OF MALAWI

INDEX APPLICATION FORM

INSTRUCTIONS TO THOSE FILLING THIS FORM

1. This form is in two parts:
SECTION A is filled by the student and
SECTION B is filled by the head of the institution
2. The names to be used on this form are those appearing on the Malawi School Certificate of Education or its equivalent.
3. If there are any **changes** in the name, they should be accompanied by legal documents (marriage certificate, baptismal certificate, birth certificate).
4. All names must be given in full.
5. If you have been previously in a nurse/midwifery school and your training was discontinued please fill Section A2.
6. Please note that the name given below is the one under which the application will be indexed and which must be used in all correspondence to this Council.
7. If you are doing a post basic program and are already registered or enrolled with this Council, please state your registration/enrolment number.....
8. This form must be returned to the Council **within 30 days** of commencement of training.
9. This form must be accompanied by certificates or notification of results slip from **MANEB** (Testimonials from Secondary Schools are not acceptable).
10. Each form should be accompanied by two passport size photographs.
11. Before the form is returned, it should be **signed** for and **stamped** by the head of the institution.

SECTION A1: STUDENT'S PERSONAL DATA

SURNAME.....

FIRST NAME.....

MIDDLE NAMES.....

MAIDEN NAME (if married).....

HOME ADDRESS: VILLAGE.....

 T/A

 DISTRICT.....

 COUNTRY.....

 CONTACT ADDRESS.....

DATE AND YEAR OF BIRTH: DAY..... MONTH..... YEAR.....

PLACE OF BIRTH.....

NATIONALITY.....

MARITAL STATUS

NAME AND ADDRESS OF SECONDARY SCHOOL.....

.....

.....

HIGHEST EDUCATION QUALIFICATION.....

LIST BELOW MSCE OR ITS EQUIVALENT SUBJECTS TAKEN AND GRADES
OBTAINED:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.....

NAME OF TRAINING SCHOOL.....

DATE TRAINING COMMENCED.....

TYPE OF TRAINING.....

DATE OF APPLICATION.....

SECTION A2:

NAME OF SCHOOL.....

DATE OF TRAINING: FROM.....TO.....

INDEX NUMBER.....

REASONS FOR DISCONTINUATION OF TRAINING.....

.....

SIGNATURE OF APPLICANT.....

DATE.....

SECTION B: CONFIRMATION OF STUDENT'S DATA

To the best of my knowledge I have confirmed that the information indicated in Section A is correct. (please tick (√) for Yes (x) for No.

- Personal particulars:
- Educational details
- All other relevant documents sent:
- School Certificates, marriage certificates, passport size photographs and all other necessary legal documents:

SIGNATURE.....

DESIGNATION.....

DATE.....

SCHOOL STAMP.....

FOR OFFICE USE ONLY

- Date Received.....
- Index fee received/Cheque/Cash/Postal Order (please tick one)
- Accepted/Not accepted/Referred back (please tick one and give reasons).....
.....
- Date receipt sent.....
- Signature of Officer.....
- Date.....

INDEX NUMBER
