



P.O Box 30254 Lilongwe 3. Contacts: +265 882 740 056 Email: info@dbc-malawi.org

APPLICATION FORM

FORM NO:

Please complete all sections of the form in BLOCK LETTERS. Use BLACK or BLUE INK ONLY

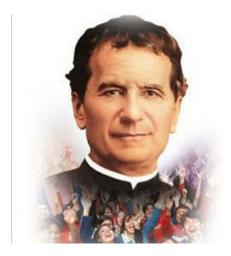
Courses Offered	(Tick one)	Study Mode (Tick one)
Accountancy		Full Time
Auto mechanics		Part Time
Bricklaying		Level
Carpentry & Joinery		1 2 3
Community Development		
Hospitality Management		
Construction		
Electrical Installation		Passport size photo
 Information Communication Technology (ICT) 		
Tailoring & Fashion Design		

APPLICANTS DETAILS

1.	Surname:			First N	lame:_				_Initial
2.	Date of Birth:	/	/			Sex: M 🔲 🛛	F 🗌 Nationalit	y:	
	Home District:			_ T/A:			Village:		
	Marital Status:	Married:		Single:		Widow:	Divorced:		
3.	Contact Address:								
	Tel:		_Mobile:			Em	nail:		
4.	Guardian Details								
	Surname:	First Name:				_Initial:			
	Contact Address:								
	Tel:	Mobile:		Email:		S	ign:	Date:]]

5. Religio	n & Denomination:	Christian specify:									
6. Health:	:										
Do γοι	suffer from any physical or	ld be required at the									
College	e? If yes give details.	Yes 🗌	No		(Tick the applicable	2)					
7. Acade	mic Qualifications:										
Appli	licants MUST submit Certified copies of relevant certificates or MSCE										
8. Financ	ial Support										
Will you (or your Guardian) be able to pay your College tuition and examination fees? Yes 🛛 No											
If YES	aname of individual respons	ible for paying	tuition ar	nd exam f	fees						
Surna	ame:		Initial:								
Phone: Email:											
9. Refere	ences										
G	ive the Names of TWO (2) re	eferees willing	to provide	e you wit	h character reference	25.					
N	ame:		Name:								
A	ddress:										
– P	hone:										
	curricular Activities:			_							
	two (2) sporting activities t	nat vou are abl	e to do/p	articipate	e in:						
						Apart from sporting activities state any other two (2) social activities/clubs/community service e.t. c that you like:					

Any other talents: _____



11. Application fee

All applicants are **STRICTLY** required to **DEPOSIT** a non refundable application fee of **MK10,000.00** to the following bank details:

Bank:	National Bank of Malawi
Account Name:	Don Bosco Youth Technical Institute
Account Number:	307866
Branch:	Lilongwe
Account type:	Current Account

Note: A duly completed application form together with copy of the bank deposit slip bearing the name of the

Applicant, copy of MSCE or MANEB notification of results and an up to date passport size photo should be attached to the application form and be submitted to the college office directly or send to:

The Academic Secretary

Don Bosco Youth Technical Institute

P.O. Box 30254

Lilongwe 3

12. Declaration

The applicant and parent or guardian understand and agree that this application, the secondary school copy of certificate or notification, and any other information received by the office of admission are property of Don Bosco Youth Technical Institute and shall be considered confidential. An enrolled student's access to his/her education records is governed by Don Bosco Youth Technical Institute Student Records Policy after attending the entrance exams and successfully enrolled.

It is further agreed and understood by both the applicant and parent (s) that Don Bosco Youth Technical Institute is a private institution and, as such, retains the right to terminate a student's matriculation at any time his or her academic performance is seriously deficient or his/her conduct becomes injurious to the maintenance of good order or disruptive to the academic atmosphere.

The applicant affirms the information and statements contained in this application are, to the best of his/her knowledge, true, correct, and complete. The applicant agrees to promptly notify Don Bosco Youth Technical Institute of any changes to this application when admitted to the college.

Student's Signature:	Date:	_/	/	
Parent's or Guardian's Signature:	Date:	_/	/	