



# DOMASI COLLEGE OF EDUCATION

Postal Address: P. O Box 49, Domasi. Tel: 265(0) 636 255/256/219/283

Website: [www.dce.ac.mw](http://www.dce.ac.mw)



## APPLICATION FORM

### 2025/26 ACADEMIC YEAR MATURE ENTRY INTAKE (*Undergraduate Programmes*)

SERIAL NUMBER (for office use only) \_\_\_\_\_

PLEASE FILL THE FORM IN BLOCK LETTERS

Programme of Study: 1. Bachelor of Education (Secondary) Natural and Applied Science  2. Bachelor of Education (Secondary) Language, Arts and Communication  3. Bachelor of Education (Secondary) Social Science

Choice: (*Subject Combination*): \_\_\_\_\_

### SECTION A: PERSONAL INFORMATION

Title: Mr.  Ms.  Mrs.  Sr.  Fr.

First Name:  Surname:  Middle Names:

Date of Birth:  DD  MM  YYYY Gender:  Nationality:  District:

Postal Address:

Contact No(s):  (Primary Number)  (Secondary Number) E-mail:

Impairment (If any): \_\_\_\_\_

### SECTION B: CANDIDATES WITH SPECIAL NEEDS

State the special need that you have (*Provide a certified medical report*):

Visual  Hearing  Speech and Language  Albinism  Mobility

Other (*Specify*) \_\_\_\_\_

## SECTION C: NEXT OF KIN /GUARDIAN DETAILS

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Title: Mr.  Ms.  Mrs.  Dr.  Fr.  Sr.  Others (specify) \_\_\_\_\_

Guardian Full Name:

Postal Address:

Contact No(s):   E-mail:

## SECTION D: EDUCATION & PROFESSIONAL BACKGROUND

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Highest Qualification:  Institution:

Academic Institution's Address:

Year Obtained:  Subjects of Specialization:

Teaching Practice: Done  Not Done

Applicant Status: Public Secondary School Teacher  Private Secondary School Teacher

## SECTION E: SUBMISSION OF THE APPLICATION FORM

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A duly completed form should be sent to together with the following supporting documents:

1. A bank deposit slip for the processing fee bearing the applicant's name.
2. A photocopy of applicant's Diploma certificate.
3. A photocopy of applicant's University Certificate of Education or its equivalent.
4. A photocopy of academic transcripts.
5. GP1 form (for teachers serving in public schools only).
6. A recommendation letter from Education Division Managers or District Education Managers/Chief Education Officers (for teachers serving in public schools only).

**NOTE:** All applicants are advised to send photocopies of their educational certificates, the College will not be held responsible for the loss of any original certificates or transcripts submitted together with their applications.

Applications should be sent to the address provided below:

THE REGISTRAR
DOMASI COLLEGE OF EDUCATION
P.O BOX 49
DOMASI

For more information, please use the following contacts: 0992456705/0884368543

## SECTION F: DECLARATION

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I \_\_\_\_\_, hereby confirm that the information given in this form is authentic, correct and genuine to the best of my knowledge.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_