



DOMASI COLLEGE OF EDUCATION

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

Website: www.dce.ac.mw



APPLICATION FORM

2025/26 ACADEMIC YEAR GENERIC INTAKE (*Undergraduate Programmes*)

SERIAL NUMBER (for office use only) _____

PLEASE FILL THE FORM IN BLOCK LETTERS

SECTION A: PERSONAL INFORMATION

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

First Name: Surname: Middle Names:

Gender: Femal Male Date of Birth: DD MM YYYY Nationality:

District: Postal Address:

Phone Numbers: *Primary Number* *Secondary Number* E-mail:

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

Title: Mr. Ms. Mrs. Dr. Fr. Sr. Others (*specify*) _____

Guardian Full Name:

Postal Address:

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

SECTION D: EDUCATION BACKGROUND

Applicant Status: School Leaver Serving Teacher in Public Institutions Non- Serving Teachers

Qualification: A-Level MSCE IGCSE O-Level T2 Certificate

For T2 Certificate Holder: Certificate Number: Year Obtained:

Please complete the table below by listing your subjects and grades for MSCE/IGCSE or O-level equivalent.

SITTING 1 RESULTS	
Examination Year:	
Centre Name:	
Centre Number:	
Candidate Number:	
Subject	Grade/Points
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

For (Serving) Teacher: School/College Name District

School Postal Address:

SECTION E: PROGRAMME OF STUDY

NB: Choose only one Programme of Study: *(Indicate subject combination by code-as indicated in the advertisement)*

Choice:

NOTE: REDIRECTION TO ANY PROGRAMME

If you are not selected to your chosen programme due to limited available space, you may be considered for selection to any programme that you qualify for but did not choose.

SECTION F: SUBMISSION OF AN APPLICATION FORM

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

1. A bank deposit slip showing the name of the applicant.
2. Photocopied of educational certificates.
3. Copies of GP1 forms and recommendation letter for serving teachers in public primary schools.

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.

<p>THE REGISTRAR DOMASI COLLEGE OF EDUCATION P.O BOX 49 DOMASI</p>
--

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

SECTION G: DECLARATION

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

Applicant's Signature: _____

Date: _____