



LUANAR APPLICATION FORM FOR AFIKEPO NUTRITION PROGRAMME

This form should be completed in **BLOCK LETTERS** and returned together with the required attachments to the University Registrar, Lilongwe University of Agriculture and Natural Resources (LUANAR-NRC CAMPUS), P.O. Box 143, Lilongwe, Central Africa.

INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED!

Attach your
passport size photo
here

A. PERSONAL DETAILS

- Title:** _____ **Surname:** _____ **First Name:** _____
- Middle Names:** _____ **Marital Status:** _____ **Maiden Name:** _____
- Date of Birth:** DD / MM / YYYY **Gender:** M F
- Nationality:** _____ **Country of Residence:** _____
- Physical address/Current place of residence:** _____
- District of origin:** _____ **T/A:** _____ **Village:** _____
- Passport Number:** _____ **Place of issue:** _____ **Date of issue:** DD/MM/YYYY **Expiry Date:** DD/MM/YYYY

B. PERSONAL CONTACT DETAILS

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

C. NEXT OF KIN

- Title:** _____ **Surname:** _____ **Initials:** _____ **Relationship:** _____
- Occupation:** _____ **Organisation:** _____
- Next of Kin contact details:**

Mobile 1:	Mobile 2:
Tel 1:	Tel 2:
Email 1:	Email 2:
Postal address 1:	Postal address 2:

D. CANDIDATES WITH SPECIAL NEEDS

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and the information you submit will be used to help LUANAR provide appropriate support. Please tick all that apply.

- | | |
|--|---|
| 1. <input type="checkbox"/> No Disability | 7. <input type="checkbox"/> Blind/Serious Visual Impairment |
| 2. <input type="checkbox"/> Learning Difficulty | 8. <input type="checkbox"/> Wheelchair User/Mobility Issues |
| 3. <input type="checkbox"/> Deaf/Serious | 9. <input type="checkbox"/> Mental Health Condition |
| 4. <input type="checkbox"/> Hearing Impairment | 10. <input type="checkbox"/> Autistic Spectrum/Asperger's |
| 5. <input type="checkbox"/> Personal Care Support | 11. <input type="checkbox"/> Other disability not listed here |
| 6. <input type="checkbox"/> Unseen Disability: e.g. Diabetes | |

Please detail other disability or additional support needs: _____

E. SECONDARY/HIGH SCHOOL RECORD (Fill in the gaps below with the relevant information)

Strictly attach copy(s) of certificate(s)/statement of result(s) duly certified by a recognized commissioner of oaths.

i. MSCE/O-Level or equivalent qualification(s)

1 st Attempt Grades		2 nd Attempt Grades		3 rd Attempt Grades	
Year:		Year:		Year:	
Qualification:		Qualification:		Qualification:	
Certificate #:		Certificate #:		Certificate #:	
Centre/School Name:		Centre/School Name:		Centre/School Name:	
Centre #:		Centre #:		Centre #:	
Candidate #:		Candidate #:		Candidate #:	
From: To:		From: To:		From: To:	
Country:		Country:		Country:	
Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade	Subject (Highest to Lowest)	Grade
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	

F. SUBMISSION OF APPLICATION FORM

A duly completed application form together with the name of the candidate and any other relevant attachments should be sent to:

The University Registrar
LUANAR-NRC CAMPUS
P.O. Box 143
Lilongwe
Attention: Admissions Office
Subject: AFIKEPO Admissions

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS FRIDAY, 29TH APRIL 2019

G. CHECKLIST

I confirm that I have duly completed all the relevant sections of this application form and attached the following supporting documents:

- | | |
|---|--|
| 1. Copies of all relevant certificates which are being used for the application. These must be duly certified by a Commissioner of Oaths as true copies of the originals. | |
|---|--|

H. DECLARATION

I _____ hereby certify that all the information given on this form is true and further recognize that my application will not be processed if it is incomplete.

Signature: _____ **Date:** _____ DD MM YYYY

PROGRAMME INFORMATION AND ENTRY REQUIREMENTS**I. Diploma in Food, Nutrition and Livelihood Security (NDFNUG)**

All candidate must have at least 4 credit passes in English Language, Mathematics and any two of the following subjects; Biology, Chemistry, Physics, General Science and Physical Science

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