



THE POLYTECHNIC

CONTINUING EDUCATION CENTRE

**DIPLOMA APPLICATION FORM SEPT 2020**

*(This form must be completed in block letters)*

**SECTION A**

**A. PERSONAL INFORMATION**

- i. SURNAME: ..... Title: DR/MR/MRS/MS
- ii. OTHER NAMES: .....
- iii. MARITAL STATUS: ..... DATE OF BIRTH: .....
- iv. NATIONALITY .....SEX.....
- v. ACADEMIC QUALIFICATION .....
- vi. PROFESSIONAL QUALIFICATION .....
- vii. HOME DISTRICT .....
- viii. CONTACT ADDRESS.....
- xi TEL/CELL: ..... EMAIL: .....

**B. COURSE APPLIED FOR**

- i. **FIRST CHOICE**.....
- ii. **SECOND CHOICE** .....

**C. MODE OF ATTENDANCE:** Weekday/Weekend **(TICK )**

**RETURN THIS TO:** THE DIRECTOR, CEC, THE POLYTECHNIC, P/BAG 303, BLANTYRE 3,  
ATTACHING COPIES OF CERTIFICATES, NOTIFICATIONS AND A BANK DEPOSIT SLIP OF **TEN THOUSAND** KWACHA FROM STANDARD BANK, G/ CORNER BRANCH, ACCT NAME:  
CONTINUING EDUCATION CENTRE: ACCT NUMBER **9100002714695**.

**SIGNATURE OF APPLICANT** ..... **DATE** .....