



Malawi Institute of Tourism

PO Box 2673

Blantyre

Tel.: 01 821 579, Fax: 01 821 923

Email: mit@malawi.net

APPLICATION FORM- 2011

Course Applied for:				
First Name:		Last Name		
Date of Birth		Gender		
		Male	Female	
Nationality:		Married		Single
Marital Status:				
Postal Address:				
Academic/Professional Qualifications				
MSCE		Year Obtained		
Other				
Present Job Title:		Employer:		
Previous Work Experience		No. of Years		
Sponsor's Name:		Tel.:		
Mobile:				
Student's Mobile:		Tel.:		
I, the undersigned declare that the particulars provided in this form, including those concerning my education, marital status and previous work experience are true and provided in good faith. I hereby agree that any false statement made in this application shall result in immediate cancellation of my application.				
Signature:		Date:		
Applications should be hand-delivered (DO NOT SEND) to:				
<ol style="list-style-type: none"> 1. Malawi Institute of Tourism 15 Chilembwe Road, Blantyre. 2. Lingadzi Inn Paul Kagame Road, Lilongwe 3. Mzuzu Lodge Nkhata Bay Road, Mzuzu 				
APPLICATIONS WILL BE PROCESSED ONLY IF THEY ARE ACCOMPANIED BY A MK500.00 NON-REFUNDABLE APPLICATION FEE				