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MINISTRY OF LABOUR

PRIVATE BAG 344

LILONGWE 3

APPLICATION FORM

2023/24 GRADUATE INTERNSHIP PROGRAMME (9th COHORT)

A. PERSONAL DETAILS OF APPLICANT

1) Mr/Ms/Mrs: LAST NAME (2) FIRST NAME.....

3) GENDER (*Please tick where appropriate*): MALE FEMALE

4) DATE OF BIRTH: DAY..... MONTH YEAR

5) NATIONAL IDENTITY (*ATTACH A COPY OF YOUR I.D*)

6) ANY DISABILITY: YES/NO (7) IF YES, PLEASE SPECIFY.....

B. COMMUNICATION

8) MOBILE NUMBER..... (9) E-MAIL.....

9) NEXT OF KIN: NAME.....

10) MOBILE NUMBER.....

11) RELATIONSHIP TO THE NEXT OF KIN.....

C. EDUCATION QUALIFICATION (*ATTACH A COPY OF YOUR DEGREE & TO ALL NURSES, PLEASE INCLUDE A COPY OF YOUR LICENSE OBTAINED FROM THE NURSES COUNCIL OR A NOTIFICATION OF RESULTS*)

12) PROGRAM NAME.....

13) MAJOR.....

14) NAME OF INSTITUTION.....

15) COMPLETION DATE.....

D. PREFERRED DISTRICT OF SERVICE

.....

E. BANK DETAILS (PLEASE PROVIDE *YOUR* VALID BANK ACCOUNT)

16) NAME OF THE BANK :

17) BRANCH :

18) ACCOUNT NAME :

19) ACCOUNT NUMBER :

F. AFFIRMATION /DECLARATION BY APPLICANT

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE MINISTRY OF LABOUR RESERVES THE RIGHT TO REJECT MY APPLICATION OR TERMINATE ENROLLMENT SHOULD THE INFORMATION GIVEN ABOVE BE FOUND TO BE INCORRECT. I AM ALSO AWARE THAT THE MINISTRY RESERVES THE RIGHT TO PLACE ME WHERE IT DEEMS TO BE NECESSARY AND SUBJECT TO AVAILABILITY OF SPACE.

FULL NAME OF APPLICANT.....

SIGNATURE..... DATE:

ALL APPLICATIONS SHOULD BE SENT TO:

THE PRINCIPAL SECRETARY

MINISTRY OF LABOUR

P/BAG 344

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OR THROUGH EMAIL: recruitment@labour.gov.mw