



## ZAMBIA COLLEGE OF AGRICULTURE - MONZE

P.O BOX 660053

TEL: 0213-250526

MONZE

FAX: 0213-250544

ZAMBIA

### APPLICATION FORM (2024) CERTIFICATE IN GENERAL AGRICULTURE

| A: APPLICATION AND PAYMENT DETAILS   |                           |
|--|---------------------------|
| Application fee receipt number:  | Serial number:            |
| Payment method: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Postal Money Order <input type="checkbox"/> Bank Transfer <input type="checkbox"/>   |                           |
| <b>Instructions</b><br>1. This application form must be accompanied by Certified copies of academic and other relevant documents including proof of payment of application fee.<br>2. All photocopies of certificates accompanying this application shall not be returned.<br>3. Print or use capital letters when filling in this form.<br>4. Pay K250 non-refundable fee to Atlas Mara Bank, A/C No. 0240888220007 |                           |
| B. PERSONAL DETAILS  |                           |
| Surname:   | First name:               |
| Other names:   |                           |
| Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/>   | Date of birth: DD/MM/YYYY |
| National Registration Card/Passport No.:   |                           |
| Nationality:   | Gender: Male Female       |
| C. MAILING ADDRESS   |                           |
| Postal Address   | City:                     |
|  | Email address:            |
| Phone number(s):   |                           |

**D. EDUCATION RECORD**

Secondary School: From ..... To .....  
From ..... To .....

School certificate/GCE Grades obtained in four credits, (*Mathematics and English inclusive of the four*)

| Subject | Grade |
|---------|-------|
| 1 ..... | ..... |
| 2 ..... | ..... |
| 3 ..... | ..... |
| 4 ..... | ..... |

**E. SPONSORSHIP DETAILS**

How will you finance your studies: Self sponsored  Parents/Guardian   
Employer  Others (specify):

If sponsored by Employer, provide details below:

Name of Sponsor: Sponsors phone number:

Address of sponsor: email address:

**F: MEDICAL HEALTH**

Do you require special diet?: Yes  No

If yes, explain:

Do you suffer from any illness/disability or have special health/medical needs?: Yes  No

If yes, explain:

**G. EMERGENCY CONTACT**

Provide particulars of the person to be contacted in case of an emergency

Names:

Phone number(s):

**H. DECLARATION AND SIGNATURE**

1. I hereby declare that the information I have provided in this application is to the best of my knowledge correct and complete.
2. I declare that all documents supplied with this application are legal and not fraudulently obtained.
3. I further declare that in the event that my application for enrolment as a student at the College is accepted, I will be bound by the provisions of the relevant Student rules and regulations that are in force at the College.
4. I declare that I am able to meet tuition fees, accommodation charges and other costs while studying at Zambia College of Agriculture-Monze and that the College has no obligation whatsoever to assist me in meeting these costs.
5. I do hereby understand that the application fee is non-refundable and that my application will not be processed without this fee.
6. I declare that by signing this application form and declaration I fully understand and agree with the above stipulations.

I (full names) ..... do hereby declare that the information given in this form is my true and correct record.

Signature: ..... Date: .....

**I. FOR OFFICIAL USE ONLY**

|                            |                                 |
|----------------------------|---------------------------------|
| Date received:             | Name of applicant:              |
| Receipt number:            | Serial number:                  |
| Name of receiving Officer: | Signature of receiving Officer: |

**J. SENDING OF THIS APPLICATION FORM**

Please return this application form and other supporting documents to any of the following:

1. In person to:  
The Registry Office at the Zambia College of Agriculture-Monze, Monday to Friday, 08:00hrs to 17:00hrs.
2. By mail to:  
THE PRINCIPAL  
ZAMBIA COLLEGE OF AGRICULTURE P.O.BOX 660053  
**MONZE**
3. Whatsapp number:  
+260 966162357/+260 971413105
4. Email:  
[apply@zcamonze.edu.zm](mailto:apply@zcamonze.edu.zm)