



## ZAMBIA COLLEGE OF AGRICULTURE – MONZE

P.O BOX 660053

TEL: 0213-250526

FAX: 0213-250544

### FULL TIME

### APPLICATION FORM (2025)

### DIPLOMA IN GENERAL AGRICULTURE

#### A: APPLICATION AND PAYMENT DETAILS

Application Fee Receipt Number:

Payment method: Cash  Cheque  Bank Deposit  Bank Transfer

#### Instructions

1. This application form must be accompanied by Certified copies of academic and other relevant documents including proof of payment of application fee.
2. All photocopies of certificates accompanying this application shall not be returned.
3. Please use capital letters when filling in this form.
4. Pay K250.00 for application form to :

Account name:	<b>ZCA Training Account</b>
Account number:	<b>0240888220007</b>
Bank name:	<b>Access Bank</b>
Branch name:	<b>Monze Branch</b>
Sort code:	<b>203724</b>
Swift code:	<b>AZAMZMLU</b>

#### B. PERSONAL DETAILS

Surname:

First name:

Other names:

National Registration Card/Passport No.:

Marital status: Married  Single  Date of birth: DD/MM/YYYY

Nationality:

Gender: Male  Female

#### C. MAILING ADDRESS

Postal Address

City:

Email address:

Phone number(s):



## I. 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 shall be available for aptitude tests when called upon as part of the requirements for admission into the College as stipulated in **Appendix I and II**.
5. 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.
6. I do hereby understand that the application fee is non-refundable and that my application will not be processed without this fee.
7. 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: .....

## J. FOR OFFICIAL USE ONLY

Date received:

Name of applicant:

Receipt number:

Serial number:

Name of receiving Officer:

Signature of receiving Officer:

## K. SENDING OF THIS APPLICATION FORM

Please return this application form and other supporting documents before the announced date of interviews:

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
4. **By Email to:**  
[apply@zcamonze.edu.zm](mailto:apply@zcamonze.edu.zm)