ZAMBIA COLLEGE OF AGRICULTURE – MONZE

P.O BOX 660053 *TEL: 0213-250526* *FAX: 0213-250544*

FULL TIME

APPLICATION FORM (2026)

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:	**ZCA Training Account**
Account number:	**0240888220007**
Bank name:	**Access Bank**
Branch name:	**Monze Branch**
Sort code:	**203724**
Swift code:	**AZAMZMLU**

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):	

D. EDUCATION RECORD

Secondary School: Name……

Year: From ..... To .....

E. QUALIFICATIONS

Indicate the numerical grade you obtained at Grade 12/GCE against the appropriate subject in the table below. To be selected you need to have Credits or better in Five (5) subjects – one from category A, one from category B, one from category C and two from category D.

CATEGORY	SUBJECT	GRADE
A	English Language	
	English Literature	
B	Advanced Mathematics	
	Mathematics	
C	Physics	
	Science (Combined)	
	Agricultural Science	
	Biology/Human Biology	
	Environmental Science	
	Chemistry	

CATEGORY	SUBJECT	GRADE
D	Commerce	
	Principles of Accounts	
	Civic Education	
	Geography	
	History	
	Religious Education	
	Food & Nutrition	
	Metal Work	
	Technical Drawing	
	Zambian Language	

F. SPONSORSHIP DETAILS

How will you finance your studies: Self-Sponsored ☐ Parents/Guardian ☐

Employer ☐ CDF ☐

Others (specify):

If sponsored by Employer, provide details below:

Name of Sponsor: Sponsors phone number:

Address of sponsor: Email address:

G: 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:

H. EMERGENCY CONTACT

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

Names:	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 or apply.zcamonze@gmail.com