

All communications should be addressed to the principal

Telfax: 0213 - 250544
0213- 250526
Email: zcamo@zamtel.zm

In reply please quote

No.:



REPUBLIC OF ZAMBIA
MINISTRY OF AGRICULTURE
ZAMBIA COLLEGE OF AGRICULTURE

P.O. BOX 660053
MONZE

APPLICATION FORM FOR ADMISSION TO A SKILLS AWARD PROGRAMME

Please complete all parts in block letters

PART A

Tick/indicate where appropriate:

Gender (M-Male, F-Female)

Marital status (M-Married, S-Single)

Date of birth

Place of birth

1. Study programme

3. Surname

4. Other names

5. NRC number

6. Nationality

7. Postal address

8. Residential address

9. Mobile No.

11. E-mail

12. Name, address and contact details of next of kin:

13. Do you have any injury, illness, disability and/or special needs which may affect your ability to study:

Yes

No

(tick the appropriate box)

If yes, please specify your condition

PART B

14. EDUCATION/PROFESSIONAL QUALIFICATIONS:

QUALIFICATION(S)	PERIOD	INSTITUTE
1.		
2.		
3.		
4		
5		
6		
7		
8		
9		
10		

Please attach copies of certificate(s)/Transcript(s) of results and national Registration Card (NRC)

NOTE: Applicants with foreign results should have their results equated to the Zambian Standard by the Examination Council of Zambia.

PART C

(TO BE COMPLETED BY THOSE IN EMPLOYMENT)

15. EMPLOYER

Address

Job title

Employer's consent

Employer's signature

Date:

I certify that the information above is accurate and correct

Signature of applicant:

Date:

PART D

16. OFFICIAL USE ONLY

Admissions committee's decision:

Accepted

Rejected

Name of Chairperson: _____

Signature: _____

Date: _____

**WHEN COMPLETED PLEASE RETURN THE FORM TO THE
REGISTRAR'S OFFICE IMMEDIATELY**