



ZAMBIA COLLEGE OF AGRICULTURE – MONZE

P.O BOX 660053

TEL: 0213-250526

FAX: 0213-250544

FULL TIME

APPLICATION FORM (2027)

CERTIFICATE 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):

[Type here]

[Type here]

[Type here]

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 and three from category C and D.					
CATEGORY	SUBJECT	GRADE	CATEGORY	SUBJECT	GRADE
A	English Language		D	Commerce	
	English Literature			Principles of Accounts	
B	Advanced Mathematics			Civic Education	
	Mathematics			Geography	
C	Physics			History	
	Science (Combined)			Religious Education	
	Agricultural Science			Food & Nutrition	
	Biology/Human Biology			Metal Work	
	Environmental Science			Technical Drawing	
	Chemistry			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: APPLICANT'S PREFERRED ACCOMMODATION STATUS: (tick only one preferred option)					
(a) Boarding ☐ (b) Day Scholar ☐ (c) Self-catering ☐					
H: 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: _____		
I. EMERGENCY CONTACT					
Provide particulars of the person to be contacted in case of an emergency					
Names:			Phone number(s):		

J. 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:

K. FOR OFFICIAL USE ONLY

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

L. 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. **By Email to:**
apply@zcamonze.edu.zm or apply.zcamonze@gmail.com