

ZAMBIA COLLEGE OF AGRICULTURE - MONZE

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

DISTANCE LEARNING APPLICATION FORM (2026) CERTIFICATE IN GENERAL AGRICULTURE

A: APPLICATION AND PAYMENT DETAILS						
Application fee receipt number: Seria	l numbe	er:				
Payment method: Cash Cheque Postal Money Order Bank Transfer						
Instructions						
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. Print or use capital letters when filling in this form.						
4. Pay K100 for application form and K150 for processing to Zanaco Bank A/C No. 1538766300104						
B. PERSONAL DETAILS						
Surname:		First name:				
Other names:						
Marital status: Married Single		Date of birth: DD/MM/YYYY				
National Registration Card/Passport No.:						
Nationality:		Gender: Male	Female			
C. MAILING ADDRESS						
Postal Address	City:	ity:				
	Email address:					
Phone number(s):						

D. EDUCATION RECORD							
Secondary School: From To To							
From To							
E. QUALIFICATI	ON						
Indicate the nur	nerical grade you obtained	d at Grade	12/G0	CE against the a	ppropriate subject in the	able	
	elected you need to have (
	three from category C and			(c) co ,		.,	
CATEGORY	SUBJECT	GRADE	<u> </u>	CATEGORY	SUBJECT	GRADE	
	English Language				Commerce		
A	English Literature				Principles of Accounts		
	Advanced Mathematics				Civic Education		
В	Mathematics				Geography		
					History		
	Physics Science (Combined)			D	Religious Education		
	, ,				Food & Nutrition		
С	Agricultural Science						
	Biology/Human Biology				Metal Work		
	Environmental Science				Technical Drawing		
	Chemistry				Zambian Language		
F. SPONSORSHIP DETAILS							
How will you f	inance your studies: Se	elf sponso	red	Pa	rents/Guardian		
			_	_			
Employer Others (specify):							
	(CDF					
If sponsored b	y Employer, provide detail	s below:					
Name of Spon	sor:	5	Sponso	ors phone number	er:		
A -l -l		_		-1 -1			
Address of spo	onsor:	е	maii ad	ddress:			
G: MEDICAL H	EALTH				The sect Pearl Pf.		
					y illness/disability or have	e speciai	
Do vou roquire	appoint diet? Von	No	1	n/medical needs	?: Yes No		
Do you require special diet? Yes No If yes, explain:							
If you applied							
If yes, explain:					-		
H. EMERGENCY CONTACT							
Provide particulars of the person to be contacted in case of an emergency							
Manager 1 Plantage 1 P							
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 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:				
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/+260 977982194
- 4. Email to:

apply.zcamonze@gmail.com