

ZAMBIA COLLEGE OF AGRICULTURE - MONZE

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

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FULL TIME

APPLICATION FORM (2025) CERTIFICATE IN GENERAL AGRICULTURE

A: APPLICATION AND PAYMENT DETAILS				
Application Fee Receipt Number:				
Payment method: Cash	Bank Deposit 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. Please use capital letters when filling in this form.				
4. Pay K250.00 for application form to: Account Account Bank nar Branch n Sort code Swift cod	number: 0240888220007 me: Access Bank ame: Monze Branch e: 203724			
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 Sch	ool: Name:				
	Year: From		To		
E. QUALIFICAT	IONS				
Indicate the num	erical grade you obtained				
	ected you need to have C		better in Five (5) subjec	ts – one from category A	, one from
category B and t	hree from category C and	D.			
CATEGORY	SUBJECT	GRADE	CATEGORY	SUBJECT	GRADE
_	English Language			Commerce	
A	English Literature			Principles of Accounts	
В	Advanced Mathematics			Civic Education	
В	Mathematics			Geography	
	Physics		D	History	
	Science (Combined)			Religious Education	
С	Agricultural Science			Food & Nutrition	
	Biology/Human Biology			Metal Work	
	Environmental Science			Technical Drawing	
	Chemistry			Zambian Language	
F. SPONSORSHIP DETAILS					
How will you fin	nance your studies: Se	elf-Spons	ored Pa	rents/Guardian	
	E	mployer	CD	F 🔲	
Others (specify):					
If sponsored by	Employer, provide details	s below:			
Name of Spons	sor:		Sponsors ph	one number:	
·					
Address of spo	nsor:		Email address:		
Address of sportsor.					
G: MEDICAL HEALTH					
			Do you suffer from an	v illnoog/dischility or hove	
i Do vou require special diet?. Yes i i No i i i i i			Do you suffer from any illness/disability or have special health/medical needs?: Yes No		
ن. ا		If yes, explain:	THOOLOGY: TOO		
If yes, explain:					
H. EMERGENCY CONTACT					
Dravide particulars of the person to be contacted in case of an emergency					
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)				
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