

P.O BOX 660053

TEL: 0213-250526

FAX: 0213-250544

FULL TIME

APPLICATION FORM (2025)

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 C relevant documents including proof of payment of					
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 nan Account nun Bank name: Branch nam Sort code: Swift code:	nber: 0240888220007 Access Bank				
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. QUALIFICAT		_					
	erical grade you obtained						
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	Ξ	CATEGORY	SUBJECT	GRADE	
А	English Language				Commerce		
~	English Literature				Principles of Accounts		
В	Advanced Mathematics				Civic Education		
	Mathematics	-			Geography		
	Physics			D	History		
	Science (Combined)			_	Religious Education		
С	Agricultural Science				Food & Nutrition		
	Biology/Human Biology Environmental Science				Metal Work		
					Technical Drawing		
	Chemistry				Zambian Language		
F. SPONSORSHIP DETAILS							
How will you fir	ance your studies: Se	lf-Sponse	ored] Pa	rents/Guardian		
Employer CDF							
Others (specify):							
If sponsored by Employer, provide details below:							
Name of Sponsor:		Sponsors phone number:					
Address of anonasti		Email address:					
Address of sponsor:							
G: MEDICAL HEALTH							
		Do you suffer from any illness/disability or have					
Do you require special diet?: Yes No		special health/medical needs?: Yes 📃 No 📃					
If yes, explain:							
, , ,							
H. EMERGENCY CONTACT							
Provide particu	lars of the person to be co	ntacted i	n case c	of an emergency	V		
Provide particulars of the person to be contacted in case of an emergency Names: Phone number(s):							
Names:				CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACTACT OF A CONTRACT. CONTRACTACTACTACTACTACTACTACTACTACTACTACTACTA			

I. DECLARATION AND SIGNATURE				
 I hereby declare that the information I have provided in this application is to the best of my knowledge correct and complete. I declare that all documents supplied with this application are legal and not fraudulently obtained. 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 				
 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.				
 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				
	BOX 660053			

4. By Email to: apply@zcamonze.edu.zm