



LEVY MWANAWASA MEDICAL UNIVERSITY CENTRAL PROVINCE HUB - KABWE CAMPUS

Application Fee –ZMW 200.00 (non -refundable) Receipt No: _____

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APPLICATION FORM FOR ADMISSION TO THE 2019/2020 ACADEMIC YEAR

PROGRAMME: _____

OFFICIAL USE ONLY

CANDIDATE'S APPLICATION NO: (New Applicant).....

STUDENT'S COMPUTER NO. (If for Re-admission).....

A. PERSONAL DETAILS

1. FIRST NAME: _____

2. SURNAME: _____

3. OTHER NAMES: _____

4. DATE OF BIRTH (Day /Month/Year): _____

5. PLACE OF BIRTH: _____

6. NATIONALITY _____

7. MARITAL STATUS: _____

8. SEX: - (M)-MALE (F) -FEMALE

9. NRC/PASSPORT NO: _____

10. TEL: _____

11. CELL: _____ 12. EMAIL: _____

13. POSTAL ADDRESS: _____

14. PERMANENT RESIDENTIAL ADDRESS: _____

(Provide usable postal address which the College can use for posting acceptance letters. The university will not be liable for wrong postal address)

B. NEXT OF KIN

16. FULL NAMES: _____

17. RELATIONSHIP: _____

18. NATIONALITY : _____

19. TEL: _____

20. CELL: _____ 21. EMAIL: _____

22. POSTAL ADDRESS: _____

23. RESIDENTIAL ADDRESS: _____

C. EDUCATIONAL BACKGROUND

24. SECONDARY SCHOOLS ATTENDED

NAME OF SCHOOL	PERIOD	QUALIFICATION ATTAINED

25. GRADE 12 SCHOOL CERTIFICATE/GCE RESULTS

SUBJECT	GRADE	SUBJECT	GRADE
ENGLISH LANGUAGE		ENGLISH LITERATURE	
MATHEMATICS		GEOMETRIC MECHANICAL DRAWING	
BIOLOGY		NUTRITION	
SCIENCE		HUMAN & SOCIAL BIOLOGY	
PHYSICS		ARTS	
CHEMISTRY		COMMERCE	
AGRIC. SCIENCE		PRINCIPLES OF ACCOUNTS	
HISTORY		RELIGIOUS EDUCATION	
GEOGRAPHY			

26. POST SECONDARY SCHOOL STUDIES (if any)

NAME OF INSTITUTION	PERIOD	COURSE	QUALIFICATION

27. IF YOU ARE CURRENTLY ENGAGED IN ANY STUDIES, KINDLY INDICATE THE NATURE OF YOUR STUDIES _____

D. ACADEMIC INFORMATION

28. DEPARTMENT _____

29. MODE OF STUDY _____ (F-Regular/D-Distance)

30. PROGRAMME _____

E.SPONSOR (INDICATE YOUR SPONSOR)

31. NAME OF ORGANISATION/ INDIVIDUAL/ GUARDIAN/SELF

32. PHYSICAL ADDRESS: _____

33. POSTAL ADDRESS: _____

34. TEL: _____

35. EMAIL: _____ 36. CELL: _____

F. EMPLOYER (IF ANY)

37. NAME OF THE EMPLOYER: _____

38. NAME OF THE INSTITUTION/STATION: _____

39. POSTAL ADDRESS: _____

40. TEL: _____

41. EMAIL: _____ 42. CELL: _____

G. OTHER DETAILS

43. SERIOUS PREVIOUS ILLNESS (ES): _____

44. DIETARY RESTRICTIONS (IF ANY): _____

45. ALLERGIES: _____

46. DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES?

YES / NO.

47. IF YES, CIRCLE THE DISABILITY APPLICABLE: **VISION, MOBILITY, SPEECH, AND HEARING.**

48. GIVE DETAILS OF DISABILITY INDICATED: _____

H. HOBBIES: _____

I. DECLARATION

I _____ BEING THE APPLICANT DO HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE AND COMPLETE AND ACKNOWLEDGE THAT ANY FALSE INFORMATION MAY RESULT IN CRIMINAL PROCEEDINGS BEING TAKEN AGAINST ME.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICIAL USE ONLY

Points _____ Cut-Off Point _____

Selection Committee's decision- **SELECTED/NOT SELECTED** (Tick one)