



## ZAMBIAN ROYAL MEDICAL UNIVERSITY

### APPLICATION FORM FOR ADMISSION

Type or print in capital letters. The complete form must be submitted to the Academics Officer ZAMU, P.O Box 338559, Lusaka Zambia. A non-refundable application fee of k150 (ZAMBIANS) and \$30 (for International Students) and All Fees MUST be paid In the Zambian Royal Medical University Account (ATLASMARA). **ACCOUNT NUMBER 3255925953016**. The **photocopy of the deposit slip/receipt must be attached to the completed application form for processing.** (Contact +260 977 337 044 / 0962 574011 /095 061 3324 for more details. PART A : PERSONAL DEATAILS

SURNAME
FIRST NAME (S)

DATE OF BIRTH	MARITAL STATUS	GENDER
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NATIONALITY	ID NO/PASSPORT NO..
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HOME POSTAL ADDRESS	WORK POSTAL ADDRESS
PHONE NO EMAIL ADDRESS	

SPONSOR'S NAME: SELF/FAMILY/NGO/ OTHERS (give additional details of the sponsors eg Name and Full Addresses of your sponsor ,please attach evidence of your sponsors if any)

#### PART B : PROGRAMME DEATAILS

Choose the program option you are applying for.

PROGRAMME	TICK
A-LEVELS (NATURAL SCIENCES)	

CERTIFICATE IN HIV/ AIDS MANAGEMENT	
CERTIFICATE IN PSYCHOSOCIAL COUNSELLING	
DIPLOMA IN NURSING	
DIPLOMA IN PHARMACY	
DIPLOMA IN CLINICAL MEDICINE	
DIPLOMA IN ENVIRONMENTAL MEDICINE	
DEGREE IN PUBLIC HEALTH	
DEGREE IN CLINICAL MEDICINE	
MASTER OF PUBLIC HEALTH	

**PART C: PERSONAL ACADEMIC RECORDS**

List School, Colleges and Universities attended beginning with the most recent. Attach certified photocopies of certificates and transcripts obtained

NAMES OF SCHOOL/COLLEGE	FROM	TO	AWARD

LIST 'A' LEVELS OBTAINED	
HEALTH SCIENCE QUALIFICATION	
ANY OTHER QUALIFICATION	
FINAL 'O' LEVEL GRADE	
FINAL DEGREE/DIPLOMA GRADE	

**PART D: EMPLOYMENT RECORD**

FROM	TO	TITLE OF POST	NAME OF EMPLOYER

**PART E:**

HOW DID YOU KNOW ABOUT ZAMU AND ITS PROGRAMS (TICK)

RADIO	
FORMER STUDENT	
OTHERS (SPECIFY)	

PART F: REFERENCES / GUARDIANS / SPONSORS

Given names and addresses of two referees one of who must come from last school /college attended. Please return this application form after signing with names and addresses of the two referees. official stamp / signature of the referees should be appended to this application form as shown below

NAMES	NAME
POSITION	POSITION
ADDRESS	ADDRESS
PHONE NO	PHONE

PART F REFERENCES /GUARDIAN /SPORNSORS

I hereby declare that the particulars provided above are true and correct to the best of my knowledge .i have also read and agreed with the fees guideline

Signature .....

Date.....

.....

**OFFICIAL USE ONLY**

<b>ACCEPTED</b>		<b>REJECTED</b>	
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**Official signature**

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