Application Fee –K150.00 or US $ 60.00 (*non -refundable*)
For foreign applicants

ZAMBIAN ROYAL MEDICAL UNIVERSITY

APPLICATION FOR ADMISSION FOR THE JANUARY 2020 ACADEMIC YEAR

The completed from must be submitted to the academic's officer ZAMU**, P.O.BOX 10b Zanimuone, Lusaka, Zambia**. All fees must be paid into the **ZAMBIAN ROYAL MEDICAL UNIVERSITY account ZANACO, ARCACIA PARK BRANCH, ACCOUNT NUMBER 518380150077.** The photo copy of the bank slip/receipt must be attached to the completed application from for further processing.

(*Contacts*; +260 977 337 044, +260-961 087 956, +260 950 613 324: *email*; zmedicaluniversity@gmail.com)

PART A: PERSONAL DETAILS

1. SURNAME: _____OTHER NAMES: _____
2. NRC_____/_____/_____or PASSPORT NO (*for non-Zambians*) _____
3. NATIONALITY: _____ GENDER _____ (*Male/Female*)
4. MARITAL STATUS _____ (*Married/Unmarried*)
5. DATE OF BIRTH: (DD)_____; (MM)_____;(YY)_____
6. POSTAL ADDRESS _____
   _____
7. Tel: _____Email: _____
8. DISABILITIES: ☐ YES ☐ NO (*please tick box*)
   If yes specify: _____

PART B: PROGRAMME DETAILS

Choose the program option you are applying for;

9. PROGRAM OF CHOICE 1st: _____

   2nd: _____

   3rd: _____

PART C: ACADEMIC RECORD

List schools, colleges and universities attended beginning with the most recent. attach certified photocopies of certificates and transcripts obtained.

10. *SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED & YEAR OF COMPLETION*

a. *(School)* _____. *(Qualification awarded)* _____; *(Year)* _____

b. *(School)* _____; *(Qualification awarded)* _____; *(Year)* _____

c. *(School)* _____; *(Qualification awarded)* _____; *(Year)* _____

11. Final O-Level/ A-Level Grade: _____

12. Any other qualification: _____

PART D: EMPLOYMENT RECORD

State your employment record if any, beginning with your present job

a. *(name of employer)* _____; *(title of post)* _____

b. *(name of employer)* _____; *(title of post)* _____

c. *(name of employer)* _____; *(title of post)* _____

PART E: SOCURCE OF INFORMATION ABOUT ZAMBIAN ROYAL MEDICAL UNIVERSITY

(Tick)

- Radio announcement ☐
- Former student ☐
- Others ☐

- Staff of ZAMU ☐
- Internet ☐

PART F: REFEREES/GUARDIANS SPONSORS

Give names and addresses of two referees one of whom must come from the school/college attended. Please return this application form completed and signed with the names and addresses of two referees official stamp/signature of the referees should be appended to this application from as shown below.

1. NAMES: _____
   POSITION: _____
   ADRESS: _____
   TEL NO: _____
   OFFICAL STAMP/ SIGNATURE: _____

2. NAMES: _____
   POSITION: _____
   ADRESS: _____
   TEL NO: _____
   OFFICAL STAMP/ SIGNATURE: _____

PART G: DELARTION

I hereby declare that the particulars furnished are true and correct to the best of my knowledge. I have also read agreed with the fees guidelines.

SIGNATURE OF APPLICANT: _____ DATE: _____