

ZAMBIA INSTITUTE OF MASS COMMUNICATIONS EDUCATIONAL TRUST

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www.zamcom.co.zm

APPLICATION FORM

K150 (NON REFUNDABLE)

MODE OF STUDY

FULL TIME

PART TIME

DISTANCE

PROPOSED COURSE OF STUDY

APPLICATION INFORMATION

Surname: First Name:

Other Names:

Gender

Male

Female

(Please tick where appropriate)

Residential Address:

Email Address:

Mobile

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Nationality:

NRC

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Date of Birth

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Place: Religion: (Optional)

Next of Kin:

Address:

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Name of Sponsor:

Address:

..... Mobile

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State any physical disability or serious illness: (If any)

EMPLOYMENT (IF APPLICABLE)

Job Title:

Company:

Postal Address:

.....

HOW DID YOU KNOW ABOUT ZAMCOM PROGRAMS? (PLEASE TICK WHERE APPROPRIATE)

TV RADIO NEWSPAPER SCHOOL FRIENDS / RELATIVES

Others (Please Specify):

DECLARATION

I do declare that the information provided in this form is true and correct to the best of my knowledge.

Signature:

Date

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FOR OFFICIAL USE ONLY

DECISION:

APPROVED NOT APPROVED

REASON(S) FOR NON APPROVAL:

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PROCESSED BY:

(This student is duly registered with ZAMCOM)

Signature:

Date

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ACADEMIC COORDINATOR