



## ZAMBIA COLLEGE OF AGRICULTURE - MONZE

P.O BOX 660053

TEL: 0213-250526

MONZE

FAX: 0213-250544

ZAMBIA

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### APPLICATION FORM (2024) DIPLOMA IN GENERAL AGRICULTURE - REGULAR

A: APPLICATION AND PAYMENT DETAILS	
Application fee receipt number:	Serial number:
Payment method: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Postal Money Order <input type="checkbox"/> Bank Transfer <input type="checkbox"/>	
<b>Instructions</b> 1. This application form must be accompanied by Certified copies of academic and other relevant documents including proof of payment of application fee. 2. All photocopies of certificates accompanying this application shall not be returned. 3. Print or use capital letters when filling in this form. 4. Pay K250 non-refundable fee to Atlas Mara Bank, A/C No. 0240888220007	
B. PERSONAL DETAILS	
Surname:	First name:
Other names:	
Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/>	Date of birth: DD/MM/YYYY
National Registration Card/Passport No.:	
Nationality:	Gender: Male Female
C. MAILING ADDRESS	
Postal Address	City:
	Email address:
Phone number(s):	

**D. EDUCATION RECORD**

Secondary School: From ..... To .....  
From ..... To .....

School certificate/GCE Grades obtained in four credits, (*Mathematics and English inclusive of the four*)

Subject	Grade
1 .....	.....
2 .....	.....
3 .....	.....
4 .....	.....

**E. SPONSORSHIP DETAILS**

How will you finance your studies: Self sponsored  Parents/Guardian   
Employer  Others (specify):

If sponsored by Employer, provide details below:

Name of Sponsor: Sponsors phone number:

Address of sponsor: email address:

**F: MEDICAL HEALTH**

Do you require special diet?: Yes  No

If yes, explain:

Do you suffer from any illness/disability or have special health/medical needs?: Yes  No

If yes, explain:

**G. EMERGENCY CONTACT**

Provide particulars of the person to be contacted in case of an emergency

Names:

Phone number(s):

**H. DECLARATION AND SIGNATURE**

1. I hereby declare that the information I have provided in this application is to the best of my knowledge correct and complete.
2. I declare that all documents supplied with this application are legal and not fraudulently obtained.
3. 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 force at the College.
4. 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.
5. I do hereby understand that the application fee is non-refundable and that my application will not be processed without this fee.
6. 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: .....

**I. FOR OFFICIAL USE ONLY**

Date received:	Name of applicant:
Receipt number:	Serial number:
Name of receiving Officer:	Signature of receiving Officer:

**J. SENDING OF THIS APPLICATION FORM**

Please return this application form and other supporting documents to any of the following:

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**
3. Whatsapp number:  
+260 966162357/+260 971413105
4. Email to:  
[apply@zcamonze.edu.zm](mailto:apply@zcamonze.edu.zm)