



APPLICATION FORM
POSTGRADUATE DIPLOMA IN TEACHING METHODOLOGY
2018 APRIL INTAKE
(DISTANCE EDUCATION)

INSTRUCTIONS

1. Fill in all particulars on this form as per instructions
2. Attach **PHOTOCOPIES** of the following documents
 - (a) Grade 12 School Certificate
 - (b) Qualification(s) from recognized tertiary institutions
 - (c) National Registration Card (NRC)
 - (d) Deposit slips of the non-refundable application fee.
 - (e) Any other relevant documents
3. Deposit the non-refundable Application Fee (K150.00) into the Distance Education **BILL MUSTER** Account Number **1343581300109** at any **ZANACO** Bank/Branch in Zambia.
4. Submit/send the Application Form together with the documents mentioned in (2) above to:

THE REGISTRAR
KWAME NKRUMAH UNIVERSITY
P.O. BOX 80404
KABWE

5. **Closing dates:** (a) Selling of Application Forms: **2nd MARCH 2018**
 (b) Receiving completed Application Forms: **16th MARCH 2018**

NOTE: (a) This Application Form can be downloaded from www.nkrumah.edu.zm and will be available on the website until closing date.

(b) **Only shortlisted candidates will be communicated to.**

6. For further enquiries:

Call: +260953909031/+260973726579/+260953909029:

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PAID	
GRZ Receipt Number	
SIGNATURE	

PART I – PERSONAL DETAILS (To be completed by applicant in capital letters)

1. Surname													Passport size photo												
2. Other names																									
3. Marital Status	(If you are a married woman, give names by which you would like to be registered)																								
4. Nationality																									
5. Date of Birth													6. Sex (mark with √)	Male											
	Date	Month	Year											Female											
7. Place of Birth																									
8. Identity	Passport OR																								
	NRC number																								
9. State whether Physically Challenged (disabled) or not. Mark with (√) appropriately													Yes												
													No												
10. If you answered YES to question 9, mark the challenge (disability) in the appropriate box on the right with (√) below:																									
	Vision																								
	Hearing impairment																								
	Physical (moving, standing)																								
	Speech Impairment																								
	Other (specify)																								
11. Applicant's Contact Address (indicate P.O. BOX and NOT physical address)																									
12. E-mail Address																									
13. Applicant's Tel/Mobile/Cell phone													+	2	6										
14. Name of Applicant's next of Kin (person to be contacted in case of emergency)																									
15. Relationship of next of Kin to you																									
16. Contact Address of Next of Kin (indicate P.O. BOX and NOT physical address)																									
17. Next of Kin's Tel/Mobile/Cell phone													+	2	6										

PART II – EDUCATIONAL BACKGROUND (Attach certified copies of certificates and transcripts)

(A) SECONDARY SCHOOL EDUCATION

18. Last School Attended

19. Indicate the grades you obtained in the table below:

School Certificate Results (BEST FIVE SUBJECTS ONLY (GRADES 1 - 6 INCLUDING ENGLISH))			
	SUBJECT	GRADE	YEAR
1			
2			
3			
4			
5			

(B) COLLEGE EDUCATION

20. List in chronological order all institutions attended

S/No.	COLLEGE	TITLE OF QUALIFICATION OBTAINED	FIELD OF SPECIALIZATION	YEAR

(C) UNIVERSITY EDUCATION

21. List in chronological order all institutions attended

S/No.	UNIVERSITY	TITLE OF DEGREE OBTAINED	FIELD OF SPECIALIZATION	YEAR

(D) OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

22. List in chronological order any other academic or professional qualification obtained and institutions attended

S/No.	INSTITUTION	QUALIFICATION OBTAINED	YEAR

23. Declaration and undertaking: I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University.

Date:

Applicants' signature.....

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COMMENT:

ACCEPT

Yes

No

(Tick ✓ appropriately)

.....

REGISTRAR

KWAME NKRUMAH UNIVERSITY

P.O. BOX 80404

KABWE