



APPLICATION FORM

POSTGRADUATE DIPLOMA IN TEACHING METHODOLOGY

2019 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
- 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: 30TH MARCH 2019
 - (b) Receiving completed Application Forms: 5th APRIL 2019
 - **NOTE**: (a) This Application Form can be downloaded from <u>www.nkrumah.edu.zm</u> 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:

FOR OFFICIAL USE ONLY

PAID	
GRZ Receipt Number	
SIGNATURE	

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

1. Surname																
2. Other names																
3. Marital Status	5	(If you are a married woman, give names by which you would like to be registered) Passport size							e							
4. Nationality																
5. Date of Birth		Da	DateMonthYear6. SexMaleMonthYear(mark with $$)Fema							Male Female						
7. Place of Birth	1									L						
8. Identity		Passp NRC n	ort OR umber													
9. State whethe	r Physically	/ Challe	nged (d	isable	d) or i	not. Ma	ark wit	:h (√) a	appro	priate	ly				Yes No	
10. If you answe below:	ered YES to	questio	on 9, ma	ark the	e chall	enge (disabi	lity) ir	n the a	ipproj	oriate	box o	n the	right	with (√)
	Vision															
	Hearing in	-														
	Physical			ing)												
	Speech Ir	-	ent													
	Other (sp	ecity)														
11. Applicant's Contact Address (indicate P.O. BOX and NOT physical address)																
12. E-mail Addr	ess															
13. Applicant's	Tel/Mobile/	Cell pho	one	+	2	6										
14. Name of App	plicant's ne	ext of Ki	n (perse	on to					L	L				L	1	
be contacted in case of emergency)																
15. Relationship of next of Kin to you																
16. Contact Add Next of Kin (indicate P.C NOT physic). BOX and	,														
17. Next of Kin's phone	s Tel/Mobile	e/Cell		+	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:

(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.	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.									
D	Date: Applicants' signature									
		FO	OFFICIAL USE ONLY							
СОМ	MENT: ACCEPT	Yes No	(Tick $\sqrt{appropriately}$)							
		 KWAM	REGISTRAR E NKRUMAH UNIVERSITY P.O. BOX 80404 KABWE							