



APPLICATION FORM
POSTGRADUATE DIPLOMA IN TEACHING METHODOLOGY
2019 AUGUST 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. Note that the Application Form is **Free**.
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

- NOTE:** (a) This Application Form can be downloaded from www.nkrumah.edu.zm
 (b) **Only shortlisted candidates will be communicated to.**

5. For further enquiries:

Call: +260953909031/+260973726579/+260953909029:

FOR OFFICIAL USE ONLY

PAID	
GRZ Receipt Number	
SIGNATURE	

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

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																							

(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