



APPLICATION FORM
POSTGRADUATE DIPLOMA IN TEACHING METHODOLOGY
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) 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/+260972753727:

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											

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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.....

FOR OFFICIAL USE ONLY

COMMENT:

ACCEPT

Yes

No

(Tick ✓ appropriately)

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REGISTRAR
KWAME NKRUMAH UNIVERSITY
P.O. BOX 80404
KABWE