



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot No. 6640 Mberere Road, Olympia Park

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Email: info@hpcz.org.zm Website: www.hpcz.org.zm

Please affix firmly a recent Passport-size Color photograph of yourself here

APPLICATION FOR INDEXING OF STUDENTS

Surname.....Fore name(s).....

Gender..... Date of birth.....Nationality.....

NRC No. ....Passport No. (ONLY if not in possession of NRC).....

Physical address.....

Tel/Mobile.....

Email address.....

Name and Phone No. of Next of Kin.....

Training Institution.....

Programme Pursued:.....

Intake (month/year of enrolment).....

Previous Training Institution attended (If applicable).....

Secondary School Attended .....

Number of 'O' Level subjects attempted .....

Mandatory subjects Passed (indicate grade on applicable subjects)

English..... Mathematics..... Biology/Agricultural Science .....

Physics..... Chemistry..... Science .....

Any other subject (Name).....

I.....do solemnly declare as follows:

- a) That the information provided in this form is correct and true
b) That the attached documents are genuine and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

Signature of the Applicant

Declared at ..... this ..... day of ..... 20 .....before

me.....

Commissioner of Oaths/Notary Public

**MANDATORY ATTACHMENTS:**

- a) Copy of acceptance letter/ proof of enrollment from the training Institution
- b) Proof of payment of fees
- c) Certified copy of the Grade 12 certificate or its equivalent (*Equivalents must be equated to the Zambian system*)
- d) A photocopy of the National Registration Card/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph (colour photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)

**NOTE: All payments should be made at Zambia National Commercial Bank using a Bill Muster form or Stanbic Bank, Arcades Branch account number 9130002152316, Sort code 040010. A receipt shall be issued upon presentation of proof of payment**

**For Official use:**

Amount Paid.....Receipt No. ....Signature .....Date stamp .....  
**(Accounts Unit)**

Received By (Name).....Signature.....Date.....  
**(Registry)**

Reviewed By (Name).....Signature.....Date.....  
**(Registration Officer)**

Verified By (Name).....Signature .....Date .....  
**(Senior Registration Officer)**

Recommended By (Name).....Signature .....Date .....  
**(Assistant Registrar)**

Approved By (Name).....Signature .....Date.....  
**(Registrar)**