

Form Ia



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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STUDENT REGISTRATION (INDEXING) APPLICATION FORM

FOR OFFICIAL USE ONLY	
STUDENT REGISTRATION NO

Surname.....Middle name.....Forename.....

Gender..... Date of birth

D	D	M	M	Y	Y	Y	Y
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Nationality.....

NRC

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No:

Passport

No. (ONLY if not in possession of NRC)

Physical address.....

Tel/Mobile:

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Email address.....

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

Training Institution.....

Training Programme:.....

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

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

Secondary School Attended (as indicated on the Grade 12 Certificate or its equivalent)

.....

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).....

DECLARATION

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 of20

Before me.....

Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

Copy of acceptance letter/ proof of enrolment from the training Institution

Proof of payment of fees

Certified copy of the Grade 12 certificate or its equivalent (*Equivalents must be evaluated by the Examinations Council of Zambia (ECZ) and verified by Zambia Qualifications Authority (ZAQA)*)

A certified copy of the National Registration Card/ valid immigration and passport documents for non-Zambians

One passport size photograph (*colour photograph with white background-observe formal dressing*)

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

FOR OFFICIAL USE	
(Accounts Department) Amount Paid.....Receipt No.Signature Date stamp	
(Registration Department) Reviewed and verified by (Name).....Signature..... Date..... Approved by (Name).....Signature.....Date (This must include ECZ verification)	