



Ndola College of Biomedical Sciences

Ndola Teaching Hospital
Postal Agency
Ndola, Zambia

Tel: +260212612361, Fax: +260212612362
Website: www.ncbszambia.org

REPUBLIC OF ZAMBIA



MINISTRY OF HEALTH

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TELEPHONE: +260212612361
FAX: +260212612362
Email: info@ncbszambia.org

POSTAL AGENCY
NDOLA
ZAMBIA

STUDENT APPLICATION FORM (JULY 2024 INTAKE)

- Surname:.....
- Other name(s):.....
- N.R.C. No:.....
- Nationality:.....
- Date of Birth:.....
- Gender:

<i>M</i>	<i>F</i>
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- Marital Status:

<i>Married</i>	<i>Single</i>	<i>Widowed</i>
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- Postal address:.....
.....

Cell Phone No:..... E-mail address:.....

9. School Certificate Examination Results

<u>SUBJECT</u>	<u>GRADE</u>	<u>SUBJECT</u>	<u>GRADE</u>	<u>SUBJECT</u>	<u>GRADE</u>
(i) Mathematics	(ii) Physics	.....	(iii) Chemistry	.....
(iv) Science	(v) English Language	.....	(vi) General Science	.....
(vii) Physical Science	(viii) Biology	.....	(ix) Geography	.....
(x) History	(xi) Metal Work	.....	(xii) Agricultural Science	.....
(xiii) Technical Drawing	(xiv) Principles of Accounts	.....	(xv) Commerce	.....
(xvi) Art	(xvii) Home craft/Cookery	.....	(xviii) French	.....
(xix) Zambian Language	(xx) Religious Education	.....	(xxi) Other	.....
(xxii) Any other qualification:.....					

- Last secondary school attended:.....
 (a) Grade completed:..... (b) Year completed:.....
- College/Institution attended (if any).....
 (a) Qualification obtained:.....
 (b) Dates attended From:..... To:.....
 (c) Reason(s) for leaving:.....
- Work experience, if any (years):.....
 (a) Job Title:.....
 (b) Employer:..... (c) Place:.....

Applicant's signature:..... Date:.....

FOR OFFICIAL USE ONLY

Receipt No	Date

MINIMUM ENTRY REQUIREMENTS

Five (5) Credits or better which should include English, Mathematics, Biology, Physical Science/Combined Science or Chemistry (**Compulsory**) and any relevant fifth subject.

APPLICATION PROCEDURE

Applications forms can be downloaded from the college website at www.ncbszambia.org . Completed application forms together with the underlisted must reach the College not later than **31st May 2024**.

- (i) Certified copies of certificates
- (ii) Certified copy of the National Registration Card
- (iii) A non-refundable application fee of **K250.00** must be deposited into "Ndola Biomedical College; ZANACO; Ndola West Branch Account Number **5334738300161** and the original deposit slip must be enclosed.

All applications should be addressed to:

The Head-Biomedical College
Ndola College of Biomedical Sciences
Ndola Teaching Hospital
Postal Agency
NDOLA.

PLEASE NOTE THAT NAMES OF CANDIDATES ELIGIBLE TO ATTEND INTERVIEWS SHALL BE PUBLISHED ON THE NDOLA COLLEGE OF BIOMEDICAL SCIENCES WEBSITE AND THROUGH TEXT MESSAGES BY 3RD JUNE 2024. ENSURE THAT YOU INCLUDE AN ACTIVE CELL PHONE NUMBER.