



# ZAMBIA INSTITUTE OF MASS COMMUNICATION (ZAMCOM) EDUCATIONAL TRUST

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## APPLICATION FORM

**K100**

### MODE OF STUDY

FULL TIME

PART TIME

DISTANCE

### PROPOSED COURSE OF STUDY:

.....

### PERSONAL DATA

Surname: ..... First Name: ..... Other Names: .....

Gender: Male  Female  *(please tick where appropriate)*

Contacts Address: .....

Residential Address: ..... Mobile: .....

Nationality: ..... N.R.C: .....

Date of Birth: ..... Place..... Religion.....  
*(Optional)*

Name of Next of Kin: .....

Address: .....

Telephone: ..... Mobile.....

Name of Sponsor: .....

Address: .....

.....

Telephone: ..... Mobile.....

Job Title (in case of student in employment): .....

State any physical disability including serious illness .....

**HOW DID YOU HEAR ABOUT ZAMCOM PROGRAMMES? (Please tick)**

TV  ZNBC  RADIO  NEWSPAPER  SCHOOL

Friends/Relatives  Others (please specify).....

**DECLARATION**

I do declare that the information provided in this form is true and correct to the best of my knowledge.

Signature ..... Date: .....

**RULES AND REGULATIONS:**

I, ..... a student in.....  
..... course have read and understood the Rules and Regulations of  
the institute and I agree to be bound by them.

Signature ..... Date: .....

**FOR OFFICIAL USE ONLY**

**DECISION:**

APPROVED  NON/APPROVED

REASON (S) FOR NON APPROVAL: .....  
.....

PROCESSED BY: ..... Signature: .....

(The student is dully registered with ZAMCOM)

ACADEMIC COORDINATOR

**N.B: Please complete this form in full and return it to the Academic Department for processing. Incomplete forms shall not be processed.**