



MINISTRY OF HEALTH

**SPECIALTY TRAINING PROGRAMME**  
IN ASSOCIATION WITH

ZAMBIA COLLEGES OF MEDICINE & SURGERY

**[ANNUAL REGISTRATION FORM]**

Name of Applicant:	
N.R.C Number:	
Date of Birth	
MOH File Number:	
Employment Number:	
Date of Employment:	
Basic Qualifications:	
Awarding University:	
Current Station:	
Province:	

Specialty Applied For:	
Awarding Professional College:	
Accredited Training Centre for Funded Post:	
HPCZ Index Number:	
Start Year:	
E/Completion Year:	

**[For Official Use]**

Check List (Tick)	Award Details (Tick)	Amount/Year
Grade 12 Certificate	Funded MOH Salary	
Basic Degree	ZACOMS Registration Fee	
Station Approval	HPCZ Specialty Index Fee	
Provincial Approval	Examination Fees	
Professional College Approval	STP Educational Allowance	
HPCZ Specialty Index No:		

**Approvals**

Provincial Health Director	Director: HR Planning & Development	Permanent Secretary (A)

**NB: Five Copies Required**