

ZAMBIA COLLEGES OF MEDICINE & SURGERY

(Registered Society)



MINISTRY OF HEALTH



Advancing Specialist Care & Professional Growth

APPLICATION FOR ADMISSION

Passport
Size
Photo

Form 2

INSTRUCTIONS

- Please read this form carefully before filling.
- Provide as accurate information as possible.
- Enclose two letters from your referees (one academic, the other professional).
- Attach certified copies of all academic and professional qualifications.
- Please write in BLOCK letters
- Mark with an “X” where appropriate e.g.

DETAILS OF SPECIALIST TRAINING PROGRAM

Program applied for:
(Refer to the list of programs on offer)

Preferred Training Site Option 1:.....

Preferred Training Site Option 2:.....

Preferred Training Site Option 3:.....

Academic Year Applied for:



Zambia Colleges of Medicine and Surgery (ZACOMS)



PERSONAL INFORMATION

Title (Dr. / Mr. / Ms. / Other):..... Sex: Male Female

Surname:.....

Middle Name:.....

First Name:.....

Date of Birth:/...../..... Marital Status: Single/Married/Divorced/Widow
(DD/MM/YYYY) (Cross out appropriately)

Nationality:.....

National Registration Card Number:.....

Passport Number (Non-Zambians):.....

CONTACT DETAILS

Residential Address:.....

Postal Address:.....

e-mail:.....

Mobile Phone Number:.....



Next of KIN

Name:..... Relationship:.....

Residential Address:.....

Postal Address:.....

e-mail:.....

Mobile Phone Number:.....

ACADEMIC BACKGROUND

(Attach certified copies of transcripts and certificates)

Education Institutions Attended (Secondary & College/University)	From	To	Qualification Obtained

EMPLOYMENT BACKGROUND

(Attach a detailed CV)

Currently Employed: Yes No

Employer:.....

Institution:.....

Position held.....



MOTIVATION

What is your motivation for joining your preferred area of study?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Why do you want to join the ZACOMS STP?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DECLARATION

I certify that the information given in this application and in all my supporting documents is accurate and complete. I understand that ZACOMS reserves the right to withdraw any offer of admission made on the basis of wrong/ inaccurate information.

Signature of applicant:.....

Date:...../...../.....
(dd/mm/yyyy)