



**MUKUBA UNIVERSITY  
INSTITUTE OF BIOMEDICAL AND HEALTH SCIENCES  
OFFICE OF REGISTRAR**

**APPLICATION FORM FOR ENROLMENT INTO REGISTERED NURSING PROGRAMME**

**Non- refundable Application Fee: K150.00**

**January 2026 Intake**

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**PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS**

1. SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

2. NRC No: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ or PASSPORT NO (for non-Zambians) \_\_\_\_\_

3. NATIONALITY: \_\_\_\_\_

4. DATE OF BIRTH: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

5. AGE (attained at last birthday): \_\_\_\_\_

6. SEX: Male ☐ Female ☐

7. MARITAL STATUS \_\_\_\_\_ M-Married U-Unmarried

8. POSTAL ADDRESS: \_\_\_\_\_

9. RESIDENTIAL ADDRESS: \_\_\_\_\_

10. CONTACT NUMBER(S): \_\_\_\_\_ WhatsApp mobile: \_\_\_\_\_

Email(s) \_\_\_\_\_

11. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable): \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

12. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION \_\_\_\_\_

**Note:** Provide usable postal or email addresses, or working WhatsApp mobile number, which the institution can use for sending acceptance letter. The institution will not be held liable for wrong addresses

**PART B: ACADEMIC DETAILS (GRADE (12) TWELVE RESULTS OR ITS EQUIVALENT)**

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
1.	ENGLISH		13.	COMMERCE	
2.	MATHEMATICS		14.	PRINCIPLES OF ACCOUNTS	
3.	BIOLOGY		15.	LITERATURE IN ENGLISH	
4.	SCIENCE		16.	ADDITIONAL MATHEMATICS	
5.	CHEMISTRY		17.	RELIGIOUS EDUCATION	
6.	PHYSICS		18.	DESIGN AND TECHNOLOGY	
7.	AGRIC. SCIENCE		19.	METAL WORK	
8.	GEOGRAPHY		20.	WOOD WORK	
9.	HISTORY		21.	ART	
10.	CIVIC EDUCATION		22.	NUTRITION	
11.	HOME ECONOMICS		23.	Others	
12.	FOOD AND NUTRITION		24.	Others	

**PART C – PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE (COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)**

COLLEGE OR UNIVERSITY	YEAR		NAME OF COLLEGE / UNIVERSITY ATTENDED	QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO			

**Note:** Attach documentary evidence of qualifications obtained- certified photocopies of certificates and not originals

**PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)**

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (E. g JETS, Geography Projects etc.)			

Leadership related (E. g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (E. g Best in Mathematics, biology etc.)			
Games (Football, netball, basketball etc.)			
Others (E. g Scripture Union membership and other faith based activities, dancing troops, Choir, Cadets, Marshal arts, Performing arts etc.)			
None			

**Note:** Attach documentary evidence of awards e. g certified copy of Testimonial

**PART E: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)**

CATEGORY	INSTITUTION /COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
Red Cross, Psychosocial Counselling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (E. g TBA, CHW, SMAG etc.)		
Others		
None		

**Note:** Attach documentary evidence of Pre-training exposure e. g. introductory letter where possible

## PART F: PHYSICAL OR COMMUNICATION DISABILITIES

1. Do you have any physical or communication disabilities? (Tick where applicable)

YES

☐

NO

☐

2. If yes, circle the disability applicable:

a. Vision

b. Mobility

c. Speech

d. Hearing

e. Other (Give details): \_\_\_\_\_

Explain extent of disability \_\_\_\_\_

## PART G: PERSONAL STATEMENT

Explain why you are applying for this programme, what you hope to learn from it, and how it will benefit you (Please write with own hand)

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## PART I – DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is to the best of my knowledge complete and correct. I acknowledge that my application for enrolment is subject to acceptance by the institution.
- That all documents supplied with this application form are legal and not fraudulently obtained.
- I further acknowledge that in the event my application for enrolment as a student is accepted by the institution, I will be bound by the provisions of the relevant **Student statutes, Rules and policies** of the institution that are in force and lawful instructions from institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT'S SIGNATURE: ..... DATE: ...../...../.....

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**ATTACHMENTS: Please attach the following documents:****1. Pre-Service Candidates**

- a. Copy of Grade 12 Statement of Results or certificate
- b. Certified copy of National Registration Card or Passport (Foreign students)
- c. Certified copy of Professional qualification(s)
- d. Certified copy of Award(s)
- e. Photocopy of supporting documents for Pre-training exposure(s)
- f. Photocopy of recommendation letter from Faith-based institution e. g Church, if applicable
- g. Latest passport size photo (clear, visible and with no hair extensions)

**FOR OFFICIAL USE ONLY**

APPLICATION NUMBER:.....

DATE RECEIVED ...../...../.....

RECEIPT NO: .....

NAME OF RECEIVING OFFICER: .....

SIGNATURE OF OFFICER: .....

**NOTE:**

Should you wish to send a soft copy of your application, scan all relevant documents including the proof of payment and save them as **one pdf file** using your full name. Any application that will not be in pdf and as one file will not be considered. You may email your application directly to Dr. Sylvester (Director –Institute of Biomedical and Health Sciences) using [s.sylvester@mukuba.edu.zm](mailto:s.sylvester@mukuba.edu.zm) or

Send to WhatsApp numbers;

1. HOD Nursing on +260977724443 or
2. Mukuba Academic Office on + 260977509151

**BANK ACCOUNT DETAILS**

Account Name	MUKUBA UNIVERSITY - NURSING
Account Number	1354489300319
Currency	ZMW(Zambia Kwacha)
Branch Code	045
Branch Name	Kitwe Business Centre
Sort Code	010245
Swift Code	ZNCOZMLUXXX