

HEAVY-DUTY OPERATORS COLLEGE OF ZAMBIA
PLOT NO. 12695 CHINIKA INDUSTRIAL AREA
OFF MUMBWA ROAD LUSAKA TEL:+260 964256102
APPLICATION FORM FOR ADMISSION

Please type or use block letters

PART A

Tick (✓) Appropriate Box: Part Time ☐ Full Time ☐ Distance ☐

1. Study Machine
2. Sponsor
3. Surname Other Names
4. Date of birth / / Place of Birth sex
5. N.R.C No: / / Nationality
6. Marital Status Single ☐ Married ☐
7. Postal address
8. Telephone no. Mobile Email
9. Residential Address
10. Name, Address and Telephone no. of next of Kin
11. Tick a physical disability which you have (if any)
1. Vision ☐ 2. Mobility ☐ 3. Speech ☐ 4. Hearing ☐ other specify
12. Do you need accommodation Yes ☐ No ☐

PART B

(A) How did you know about the college?

- ☐ SOCIAL MEDIA ☐ RADIO ☐ TV ☐ WEBSITE
☐ NEWSPAPER ☐ FRIEND ☐ FLYERS
☐ OTHER SPECIFY.....

I certify that the information given above is correct and true to the best of my knowledge.

Signature..... Date.....

PART C

13. PAYMENT METHOD

I. Cash ☐ instalments ☐ other ☐ (specify).....

II. TO BE COMPLETED BY THOSE WHO WISH TO PAY COURSE FEES IN INSTALLMENTS

Note: Those who wish to pay course fees in instalments, please note that you will be required to settle the whole amount (course fees) within **two (2) weeks** after classes start. Failure to do so will result in additional penalty fees of **10% (percent)** per week of the remaining amount.

Please be reminded that failure to settle the course fees may make it impossible to do practices/attachments.

Amount paid K..... Amount to be paid within two weeks from the time classes starts K.....

I.....understand and agree to the above statement and confirm that the statement above is true and correct to the best of my knowledge.

Signature of the student.....

PART D

1. RECOMMENDATIONS FROM EMPLOYER/SPONSOR/HEAD OF LAST EDUCATION INSTITUTION ATTENDED

(To be completed in block letters)

2. Name of recommender.....
Designation.....
Signature.....
Contact number.....

NB. Full payments of fees has to be made before you commence classes at registration office at H-Doc

**WHEN COMPLETED PLEASE RETURN THE FORM TO THE REGISTER'S
OFFICE AT H-DOC**

PART E

(FOR OFFICIAL USE ONLY)

COMMENTS BY THE COLLEGE

Intake.....
Accepted/Not Accepted.....
Director of Programming's Signature.....
The Principals Signature.....
Date of Registration.....