



REPUBLIC OF ZAMBIA  
MINISTRY OF DEFENCE

**DEFENCE SCHOOL OF HEALTH SCIENCES**

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Plot 119, Kalanga Road  
Emmasdale  
P.O. Box 390022  
Zambia

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Application Fee: \_\_\_\_\_ (non -refundable)

Receipt No .....

Date bought .....

Received by .....

Date.....

**APPLICATION FORM FOR DIPLOMA IN CLINICAL MEDICINES PROGRAMME**

**FOR OFFICIAL USE ONLY:**

CANDIDATE'S APPLICATION NO: \_\_\_\_\_

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

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

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

3. NATIONALITY: \_\_\_\_\_ 4. SEX \_\_\_\_\_ M-Male F -Female

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

6. POSTAL ADDRESS: \_\_\_\_\_

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**Note:** Provide usable postal addresses, which the institution can use for posting acceptance letter. The institution will not be held liable for wrong postal addresses.

7. RESIDENTIAL ADDRESS: \_\_\_\_\_

8. CONTACT NUMBER(S): \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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

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

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
01.	ENGLISH		08.	RELIGIOUS EDUCATION	
02.	MATHEMATICS		09.	AGRIC. SCIENCE	
03.	BIOLOGY		10.	NUTRITION	
04.	SCIENCE		11.	COMMERCE	
05.	GEOGRAPHY		12.	CHEMISTRY	
06.	HISTORY		13.	PHYSICS	
07.	CIVIC EDUCATION		14.	PRINCIPLES OF ACCOUNTS	

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

LEVEL 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)**

<b>CATEGORY</b>	<b>TICK</b>	<b>YEAR AWARDED</b>	<b>INSTITUTION</b>
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)**

<b>CATEGORY</b>	<b>INSTITUTION/COMMUNITY</b>	<b>REMARK</b>
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)

**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 H: – 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**...../...../.....

**BANK DETAILS:** Deposit the application fee in the following account.

- a. Bank Name: **ACCESS BANK**
- b. Account Name: **DEFENCE SCHOOL OF HEALTH SCIENCES**
- c. Account Number: **0120110000067**
- d. Branch: **GARDEN BRANCH**

**ATTACHMENT:** Please attach the following documents:

- a. Certified 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 Pre-training exposure(s).
- f. Photocopy of recommendation letter from Faith-based institution e.g Church, if applicable.
- g. Latest passport size photo.
- h. Deposit receipt from the Bank.

**Completed Application Form should be addressed/returned to:**

The Commandant  
Defense School of Health Sciences  
Plot 119, Kalanga Road  
Emmasdale  
P.O. Box 390022

**LUSAKA**

<b>FOR OFFICIAL USE ONLY</b>
DATE RECEIVED: ...../...../.....
RECEIPT NO. ....
NAME OF RECEIVING OFFICER: .....
SIGNATURE OF OFFICER: .....

**N.B. APPLICATION FORM MUST NOT BE PHOTOCOPIED.**