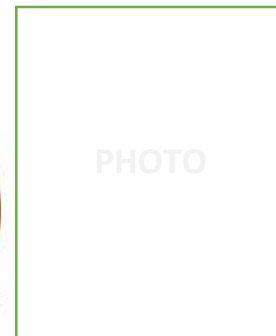


National Institute of Public Administration



P.O BOX 31990, LUSAKA

TEL: +260 211-228802-4

FAX: +260 211-227212

APPLICATION FORM FOR ADMISSION TO POST-GRADUATE PROGRAMMES CENTRE FOR GRADUATE STUDIES (CGS) 2021 intake

Please complete all parts in block letters

PART A

Tick the appropriate box: Part time Full-time Distance
Degree Programme Applied for: MSc MA MBA

Date of Commencement of Programme: (DD/MM/YYYY)

1. Study programme	<input type="text"/>		
2. Sponsor	<input type="text"/>		
3. Surname	<input type="text"/>	Date of birth	(DD/MM/YYYY) <input type="text"/>
4. Other names	<input type="text"/>	Place of birth	<input type="text"/>
5. NRC number	<input type="text"/>	Gender	<input type="checkbox"/> (M-Male F-Female)
6. Nationality	<input type="text"/>	Marital Status	<input type="checkbox"/> (M-Married S-Single)
7. Postal address	<input type="text"/>		
	<input type="text"/>		
8. Residential address	<input type="text"/>		
	<input type="text"/>		
9. Telephone	<input type="text"/>		
10. Fax	<input type="text"/>		
11. E-mail	<input type="text"/>		
12. Name, address and contact details of next of kin:	<input type="text"/>		
	<input type="text"/>		

13. Do you have any injury, illness, disability or special needs which may affect your ability to study;

Yes No (tick the appropriate box)

If yes, please specify your condition

<input type="text"/>
<input type="text"/>

14. Name, address and phone number of Next of Kin;

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

PART B

15. A) Have you ever been enrolled at this institution? YES NO

B) If your answer to 15 A is yes, please provide your Student Number

16. A) LAST SECONDARY SCHOOLS ATTENDED:

SCHOOL	PERIOD
1.	
2.	
3.	

17. Please provide the following information in the spaces provided;

Grade 12/Form 5 Examination Number	Examination Body	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate "O" Level subjects or equivalent grades scored in the spaced provided:

Subjects	Grades
English	<input type="text"/>
Mathematics	<input type="text"/>
Accounts	<input type="text"/>
Geography	<input type="text"/>
Biology	<input type="text"/>
Physics	<input type="text"/>
History	<input type="text"/>
Commerce	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

18. TERTIARY QUALIFICATIONS OBTAINED:

Please attach copies of certificate(s)/Transcript(s) of results

QUALIFICATION(S)	PERIOD	INSTITUTE
1.		
2.		
3.		

Applicants with foreign results should have their results equated to the Zambian Standard by the Examination Council of Zambia.

PART C

(TO BE COMPLETED BY THOSE IN EMPLOYMENT)

19. PRESENT EMPLOYER

Address

Job title

Appointment date (DD/MM/YYYY)

20. PREVIOUS EMPLOYMENT

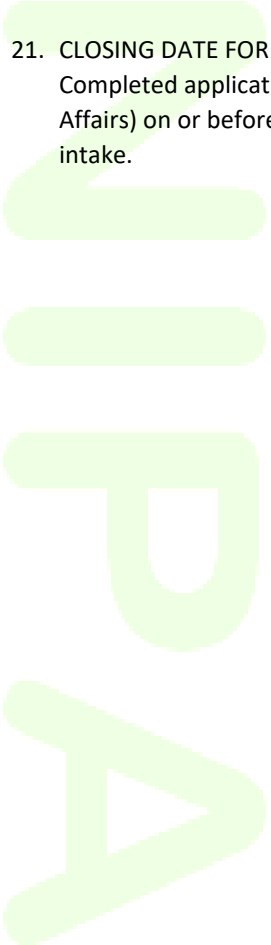
Date	Employer	Position Held
.....
.....
.....

I declare that the information provided by me in this application is accurate, correct and complete. I authorize the National Institute of public Administration to reserve the right to vary or reverse any offer of Admission made on the basis of incorrect and incomplete information.

Signature of applicant: _____ Date: _____

21. CLOSING DATE FOR SUBMISSION OF APPLICATIONS

Completed application forms must be submitted to the office of the Deputy Registrar (Academic Affairs) on or before 31st December 2019 for January intake and on or before 30th June 2020 for July intake.



PART D

22. REFEREES IN SUPPORT OF YOUR APPLICATION;

There should be at least Three (3) references, Two (2) professional and One (1) academic.

Academic Referee;

Name:

Postal Address:

.....

Institution:

Position:

Professional Referee;

Name:

Postal Address:

.....

Company:

Position:

Professional Referee;

Name:

Postal Address:

.....

Institution:

Position:

Professional Referee;

Name:

Postal Address:

.....

Company:

Position:

23. RECOMMENDATION FROM EMPLOYER/SPONSOR/HEAD OF THE LAST EDUCATION INSTITUTION ATTENDED.

Name of recommender: _____

Designator: _____

Signature: _____

PART E

24. OFFICIAL USE ONLY

Admissions committee's decision:

Accepted

Rejected

Name of Chairperson: _____

Signature: _____

Date: _____

N
I
P
A

Data entry by: _____

Date: _____

Verified by: _____

Date: _____

WHEN COMPLETED PLEASE RETURN THE FORM (Pages 1, 2, 3, 4 & 5) TO:

The Registrar
National Institute of Public Administration
PO Box 31990
Lusaka.

Email: executivedirector@nipa.ac.zm

PAYMENT TERMS

1. The application fee is K182.00 and is non-refundable.
2. Applicants returning their forms by post should enclose a photocopy of their deposit receipt slips or telegraphic money orders, with full names, identification and contact number written on the deposit slip copy as proof of payment for the application to be processed.
3. Applicants can also deposit the application fee at either of the following:

ZANACO Bank
NIPA A/C No.: 0020548300144
Civic Center Branch
Lusaka.

4. Cheque payments are not accepted.

N
I
P
A