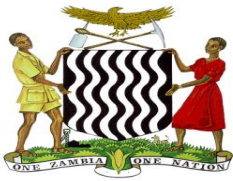
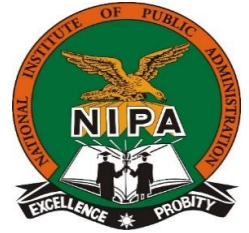


# OFFICE OF THE PRESIDENT



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:

PGDip

MA

PhD

Date of Commencement of Programme: (                      )

1. Study programme

2. Sponsor

3. Surname

Date of birth

(DD/MM/YYYY)

4. Other names

Place of birth

5. NRC number

Gender

(M-Male F-Female)

6. Nationality

Marital Status

(M-Married S-Single)

7. Postal address

8. Residential address

9. Telephone

10. Fax

11. E-mail

12. Name, address and contact details of next of kin:

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

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

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

**PART B** **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 |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                  |      |  |  |  |  |  |  |  |  |  |  |  |
|  |                  |      |  |  |  |  |  |  |  |  |  |  |  |

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

| Subjects    | Grades |
|-------------|--------|
| English     |        |
| Mathematics |        |
| Accounts    |        |
| Geography   |        |
| Biology     |        |
| Physics     |        |
| History     |        |
| Commerce    |        |
| .....       |        |
| .....       |        |
| .....       |        |

18. TERTIARY QUALIFICATIONS OBTAINED:

| QUALIFICATION(S)   | PERIOD | INSTITUTE |
|--|--------|-----------|
| <b>Please attach copies of certificate(s)/Transcript(s) of results</b> |        |           |
| 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 31<sup>st</sup> December 2019 for January intake and on or before 30<sup>th</sup> 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: \_\_\_\_\_

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](mailto: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.

NIPA