



(The Nurses and Midwives Act No. 10 of 2019)

# EXAMINATION REGISTRATION FORM

QUALIFYING OR LICENSURE EXAMINATIONS BEING REGISTERED FOR (STATE PROGRAMME):

.....  
ADVANCED DIPLOMA IN HIV NURSE PRACTITIONER  
.....

## SECTION A

(To be completed by Candidate in Block Letters)

DATE OF EXAMINATION (State Month and Year)...NOVEMBER...../.....2021.....

SURNAME: MRS...TEMBO.....

OTHER  
NAMES.....HARRIET.....  
... (Names to be as indicated on National Registration Card/Marriage Certificate)

NATIONAL REGISTRATION CARD NO...266673.../...73.../...1.... DATE OF BIRTH...20 /07/  
1985.....

PLACE OF BIRTH: ...CHOMA..... SEX: .....FEMALE.....

PHYSICAL (HOME) ADDRESS: 104 B, ZAF LUSAKA AIR BASE,  
LUSAKA.....

CONTACT DETAILS (Phone Number and Email Address): .0966482328/0978428707  
htembo85@gmail.com.....

'O' LEVELS PASSED AND GRADES OBTAINED (STATE):

.ENGLISH - MERIT

MATHEMATICS - CREDIT

AGRICULTURE SCIENCE - CREDIT

SCIENCE - CREDIT

RELIGIOUS EDUCATION - DISTINCTION

FOOD AND NUTRITION - MERIT

PRINCIPLES OF ACCOUNTS - CREDIT  
.....

NAME OF NURSING/MIDWIFERY COLLEGE/UNIVERSITY: .....LEVY MWANAWASA MEDICAL  
UNIVERSITY.....

2021.....

CANDIDATE INDEX NUMBER: .....

NAME OF EXAMINATION CENTRE: .....LEVY MWANAWASA MEDICAL

UNIVERSITY.....

NUMBER AND NAME OF PAPERS (COURSES) BEING REGISTERED FOR:

*THEORY (STATE): .....PAPER ONE.....*

*PRACTICAL (STATE): ...PAPER TWO.....*

NUMBER OF ATTEMPTS REGISTERED FOR (TICK):

*FIRST ATTEMPT: NMGNC*

*SECOND ATTEMPT:*

*THIRD ATTEMPT:*

EXAMINATION FEE PAID (ATTACH PROOF OF PAYMENT): K ...2000.....

#### DECLARATION

I DECLARE THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT

.....HARRIET TEMBO.....

SIGNATURE OF CANDIDATE DATE: .....12/09/2021.....

#### PLEASE NOTE:

**Involvement in any form of examination malpractice will warrant disqualification of candidate from examinations.**

#### SECTION B

**(To be completed by the Head of College, Head of Programme or Director of Programme)**

1. Number of days absent: (a) Casual Leave: .....  
(b) Sick Leave: ..... 2. Remarks on student's  
performance during training: .....

I recommend this candidate to sit for the above examination. State reasons for recommending the candidate:

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

NAME: .....

DESIGNATION: .....

SIGNATURE: ..... DATE.....

OFFICIAL STAMP

**(FOR OFFICIAL USE ONLY)**

1. Programme registered for: .....
2. Number of Papers (Courses) registered for: .....
3. Number of Attempts registered for: .....
4. Amount Paid: K.....
5. **Attachments:** Certified copy of NRC, 2 Passport-sized photos, Proof of payment, Transcript (for Licensure candidates)

I certify candidate eligible / not eligible to register for the aforesaid examination.

Reasons for not certifying candidate's eligibility:

.....  
.

**NAME:** .....

**DESIGNATION:** .....

**SIGNATURE:** ..... **DATE**.....

\* Delete as appropriate