

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

**EXAMINATION REGISTRATION FORM QUALIFYING OR LICENSURE EXAMINATIONS BEING REGISTERED FOR (STATE PROGRAMME):**

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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

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

DATE OF COMMENCEMENT OF TRAINING: ……11 FEBRUARY 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 warranty 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

**SECTION C:**

**(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