



MUNALI HILLS COLLEGE OF BIOTECHNOLOGY



MUNALI HILLS COLLEGE
P.O.BOX 360124
OFF-KAFUE ROAD CAMPUS KAFUE
ZAMBIA

SEPTEMBER, 2018

MOBILENo.+260978516423/970457578/960817313/955751099

[illegible]

D	POST SCHOOL ACADEMIC ACTIVITIES										
27	Details of activities since leaving school other than tertiary education (If you have left school and are not at a tertiary institution, you must complete this section)										
	Year				Activity						
28	Tertiary education details (Were you previously registered at this or another institution of higher learning? If yes, please supply the following information)							Yes		No	
	Institution		Student Number		Period : From - To		Was qualification completed?		If yes, when?		
							Yes		No		
							Yes		No		
29.	Have you previously been excluded from any institution of higher learning? If yes, provide the following information:							Yes			
	Name of Institution							<i>For office use</i>			
	Qualification excluded from							<i>For office use</i>			
	Date and period of exclusion		Date		Period		<i>For office use</i>				
	Grounds for exclusion (academic, financial, disciplinary etc.)							<i>For office use</i>			
E	PARENT / GUARDIAN CONTACT DETAILS										
30	Title		Surname of parent/guardian								
31	First Names:										
32	Home Address:										
33	Country Tel Code:			Cell/Mobile No.:							
34	E-mail Address:										
35	Identity/Passport No. of Parent/Guardian:										
36	Relationship to you:										
F	BANKING DETAILS										
	Bank		ZANACO		Account Holder		Munali Hills College of Biotechnology				
	Branch		Acacia, Arcades		Account Number		5374088500127				
	REF Your NRC/Passport No. & Country										

G	DECLARATION
	<p>I _____ (full names) hereby declare that</p> <ol style="list-style-type: none"> 1. All information provided in this document is true and that I will abide with all the rules and regulation of the Munali Hills College of Biotechnology. 2. I have concluded this agreement with the knowledge and consent of my parents / guardian / spouse or next of kin 3. I undertake to notify the Principal in writing, if I wish to cancel my registration during the current academic semester/year and I acknowledge that I am liable for fees payable for the respective semester/year 4. I hereby waive all claims against the Munali Hills College of Biotechnology for any damages or loss suffered while I am or as a consequence of my being, a student of the Collage, for damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the College or any official, employee or representative of the University 5. I indemnify, or my estate hereby indemnifies, the College against any claims by any person arising in any way as stated above or in respect of my own negligent or willful acts or omissions <p>Signed at _____ on the _____ day of _____ 20_____</p> <p>Signature of Applicant: _____ Date: _____</p> <p>Signature of Parents/Guardian/Spouse: _____ Date: _____</p>
FOR OFFICIAL USE	
<p style="text-align: center;">Documents to accompany the Application Form (Attach only those that are applicable and certified copies)</p> <ul style="list-style-type: none"> ○ Grade 12 school Leavers Certificate ○ Certificate ○ Degree certificate ○ Diploma certificate ○ Academic transcript ○ Two ID/Passport Photos ○ Certified copy of Identity document (NRC, Passport etc) ○ Certified copies of your Parents/Guardian/Next of Kin <p>Name of Officer: _____ Signature: _____ Date: _____</p>	