



**Golden Light Health Institute
College of Nursing**

Plot No. 22 Mwaona Road
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Application Fee – K100.00

Receipt No:

APPLICATION FOR ADMISSION TO THE ABRIDGED PROGRAMME

SECTION 1: PERSONAL DETAILS

Family Names: _____

Other Names: _____

Sex: _____ Date of Birth: _____

NRC No: _____ Passport No: _____

Marital Status: _____

Nationality: _____

Cell Number (S) _____ / _____ / _____

Email: _____

High School Attended: _____

Year of Completion: _____

O LEVEL GRADES

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Do you have any physical or communication disabilities: Yes: _____ No: _____

If yes give details of disability:

SECTION 3: TWO PERSONS TO BE ASKED OR NOTIFIED IF NEED AROSE

Name: _____

Cell No: _____

Town: _____

Compound/Village: _____

House No: _____

