

## Golden Light Health Institute College of Nursing

Plot No. 22 Mwapona Road Woodlands, Lusaka, Zambia Tel:+260 770372108

E-mail: goldenlight.nursing@gmail.com

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:	Passport No:		
Marital Status:				
Nationality:				
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: If yes give details of disability:			
SECTION 3: TWO PERSONS TO BE ASKED OR NOTIF	EIED IF NEED A	AROSE	
Cell No:			
Town:			
Compound/Village:			
House No:			

Name: Cell No						
		age:				
House	No:					
SECTION	ON 4:	PAYMENT FOR APPLICATION:				
The ap	plicatio	n form fee and interview fee of <b>K100.00</b> must be paid to:				
Golden	n Light H	lealth Institute College of Nursing				
Accour	nt Numb	per <b>5615396500267</b>				
ZANAC	CO Ban	k				
The ap	plicatio	n form may only be processed if it has the following attachment:				
	i ii	Photocopy of NRC Photocopy of Grade twelve results				
	iii	Enrolled nursing certificate				
	iv	Photocopy of deposit or receipt				
SECTIO	ON 5: A	AUTHENTICATION:				
Name:						
Signatu	ure:					
Date: .						
ADMIS	SIONS	COMMITTEE'S DECISION: Reject:	Accept:			