



**Golden Light Health Institute
College of Nursing**

Plot No. 22 Mwapona Road
Woodlands, Lusaka, Zambia
[Tel:+260 770372108](tel:+260770372108)

E-mail: goldenlight.nursing@gmail.com

Application Fee – K100.00

Receipt No:

APPLICATION FOR ADMISSION TO DIPLOMA REGISTERED NURSING 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: _____

Name: _____

Cell No: _____

Town: _____

Compound/Village: _____

House No: _____

SECTION 4: PAYMENT FOR APPLICATION:

The application form fee and interview fee of **K100.00** must be paid to:

Golden Light Health Institute College of Nursing

Account Number **5615396500267**

ZANACO Bank

The application form may only be processed if it has the following attachment:

- i Photocopy of NRC
- ii Photocopy of Grade twelve results
- iii Photocopy of deposit or receipt

SECTION 5: AUTHENTICATION:

Name: _____

Signature: _____

Date: _____

ADMISSIONS COMMITTEE'S DECISION: Reject: _____ Accept: _____
