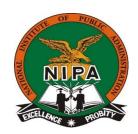
OFFICE OF THE PRESIDENT



National Institute of Public Administration



APPLICATION FORM FOR ADMISSION TO DEGREE PROGRAMMES Please complete all parts in block letters

PART A													
Tick th	e appropriate box:	Part time Full-tin	ne	Distance									
 Study programme Sponsor 													
3.	Surname												
4.	Other names		Place of birth										
5.	NRC number		Gender	(M-Male F-Female)									
6.	Nationality		Marital Status	(M-Married S-Single)									
7.	Postal address												
8.	Residential address												
9.	Telephone												
10	. Fax												
11	. E-mail												
12	. Name, address and conta	act details of next of kin:											
13. Do you have any injury, illness, disability or special needs which may affect your ability to study; Yes No (tick the appropriate box) If yes, please specify your condition													
									Ī				
									L				

14.	Students on full time programmes wishing to be considered for accommodation should make written										
	applications upon receipt of the acceptance letter. Please note that, these applications will only be considered on first come first serve basis.										
		PART B									
	FANID										
15.	EDUCATION/PROFESSIONAL QUALIFICATIONS: Please attach copies of certificate(s)/Transcript(s) of results										
	QUALIFICAT		PERIOD		INSTITUTE						
	1.										
	2. 3.										
	J.										
	Applicants with foreign results should have their results equated to the Zambian Standard by the Examination Council of Zambia.										
			PART C								
		(TO BE COM	PLETED BY THOSE IN EMPL	OYMENT)							
16.	EMPLOYER										
	Address										
	Job title										
	Appointment date										
		I certify that	the information above is ac	ccurate and corre	ct						
	Signature of applicant	t:			Date:						
Ī	PART D										
17.	17. RECOMMENDATION FROM EMPLOYER/SPONSOR/HEAD OF THE LAST EDUCATION INSTITUTION ATTENDED.										
	U										
Name of recommender:											
Designator:											
Signature:											

			PARTE		
18.	OFFICIAL USE ONLY Admissions committee	e's decision:	Ассер	oted	Rejected
	Name of Chairperson:				
	Signature:				
	Date:				
	Data entry by:				
	Date:				
	Verified by:				

Date:

WHEN COMPLETED PLEASE RETURN THE FORM (Pages 1, 2 & 3) TO:

The Registrar National Institute of Public Administration PO Box 31990 Lusaka.

Email: executivedirector@nipa.ac.zm

PAYMENT TERMS

- 1. The application fee is K182.00 and is non-refundable.
- 2. Applicants returning their forms by post should enclose a photocopy of their deposit receipt slips or telegraphic money orders, with full names, identification and contact number written on the deposit slip copy as proof of payment for the application to be processed.
- 3. Applicants can also deposit the application fee at either of the following:

Barclays Bank Zambia Limited NIPA A/C No.: 017-5121994 Longacre's Branch Lusaka. ZANACO Bank NIPA A/C No.: 0020548300144 Civic Center Branch Lusaka.

4. Cheque payments are not accepted.

