



**Levy
Mwanawasa
Medical
University**

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Application Fee –ZMW 200.00 (non -refundable) Receipt No: _____

Date bought: _____

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Date: _____

Data entry by: _____

Reference Number: _____

Date: _____

Verified by: _____

Date: _____

**APPLICATION FORM FOR ADMISSION TO DEGREE OR DIPLOMA OR
CERTIFICATE PROGRAMMES FOR 2020/2021 ACADEMIC YEAR**

SCHOOL: _____

PROGRAMME: _____

OFFICIAL USE ONLY

CANDIDATE'S APPLICATION NO: (New Applicant).....

STUDENT'S COMPUTER NO. (Applicable for Re-admission only).....

A. PERSONAL DETAILS

1. **OTHER NAMES:** _____ **SURNAME:** _____

2. **DATE OF BIRTH (Day /Month/Year):** _____

3. **PLACE OF BIRTH:** _____

4. **NATIONALITY:** _____

5. **MARITAL STATUS:** _____ (M) – MARRIED OR (U) – UNMARRIED)

6. **SEX:** - _____ (M)-MALE (F) -FEMALE

7. **NRC NO.** _____ / _____ / _____ **OR PASSPORT NO:** _____

8. **TEL:** _____ . **CELL:** _____

9. EMAIL: _____

10. POSTAL ADDRESS: _____

(Provide usable postal addresses which the University can use for posting acceptance letters. LMMU will not be liable for wrong postal addresses)

11. PERMANENT RESIDENTIAL ADDRESS: _____

12. DISTRICT OF RESIDENCE: _____

B. NAME OF PARENTS/GUADIAN/NEXT OF KIN (Delete which is not applicable)

13. FULL NAMES: _____

14. RELATIONSHIP: _____

15. NATIONALITY: _____

16. TEL: _____ CELL: _____

17. EMAIL: _____

18. POSTAL ADDRESS: _____

19. RESIDENTIAL ADDRESS: _____

C. EDUCATIONAL BACKGROUND

20. SCHOOLS ATTENDED

NAME OF SCHOOL	PERIOD	QUALIFICATION ATTAINED

21. GRADE 12 SCHOOL CERTIFICATE/GCE RESULTS

SUBJECT	GRADE
ENGLISH LANGUAGE	
MATHEMATICS	
BIOLOGY	
SCIENCE OR PHYSICS OR CHEMISTRY	
ANY OTHER SPECIFY:.....	

22. POST SECONDARY SCHOOL STUDIES (if any)

NAME OF INSTITUTION	PERIOD	COURSE	QUALIFICATION ATTAINED

23. IF YOU ARE CURRENTLY ENGAGED IN ANY STUDIES, KINDLY INDICATE THE NATURE OF YOUR STUDIES: _____

D. ACADEMIC INFORMATION

24. SCHOOL: _____

25. DEPARTMENT: _____

26. MODE OF STUDY: _____ (F)-REGULAR or (D)-DISTANCE

27. PROGRAMME: _____

E.SPONSOR (INDICATE YOUR SPONSOR)

28. NAME OF ORGANISATION/ INDIVIDUAL/ GUARDIAN/SELF: _____

29. PHYSICAL ADDRESS: _____

30. POSTAL ADDRESS: _____

31. TEL: _____ . **CELL:** _____

32. EMAIL.: _____

F. EMPLOYER (IF ANY)

33. NAME OF THE EMPLOYER: _____

34. POSTAL ADDRESS: _____

35. TEL: _____ CELL: _____

36. EMAIL: _____

G. OTHER DETAILS

37. SERIOUS PREVIOUS ILLNESS (YES/NO): _____

38. DIETARY RESTRICTIONS (IF ANY): _____

39. ALLERGIES: _____

40. DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES?

YES/NO. _____

41. IF YES, CIRCLE THE DISABILITY APPLICABLE: _____

(VISION, MOBILITY, SPEECH, and HEARING.)

42. IF NONE OF THE ABOVE, GIVE DETAILS OF DISABILITY: _____

H. TO BE FILLED IN BY A MEMBER OF THE LEVY MWANAWASA MEDICAL UNIVERSITY STAFF, HIS/HER SPOUSE OR CHILD.

43. PLEASE TICK YOUR CATEGORY:

MEMBER OF STAFF	SPOUSE	CHILD

SURNAME OF MEMBER OF STAFF: _____

MAN #: _____ DEPT/SCHOOL _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

a) The latest Vital Statistics form.

b) Birth Certificate

Attach copies of certificates or Transcript of Results (Applicants with foreign results should have the results translated and equated to Zambian standard by Examinations Council of Zambia).

Note That: Grade 12 certificate must be certified by Examinations Council of Zambia

44. **FORMS RECEIVED AFTER 30th OCTOBER WILL NOT BE PROCESSED**

I. DECLARATION

I _____ BEING
THE APPLICANT DO HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS
FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE AND COMPLETE AND
ACKNOWLEDGE THAT ANY FALSE INFORMATION MAY RESULT IN CRIMINAL
PROCEEDINGS BEING TAKEN AGAINST ME.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICIAL USE ONLY

Points _____ **Cut-Off**
Point _____

Selection Committee's decision- Reject/Accept

METHOD OF APPLICATION

All prospective applicants who meet the above requirements should:

- A.** Deposit a non-refundable fee of **K200.00 (Kwacha Two Hundred only)** into the Levy Mwanawasa Medical University Third Party Account No. **110110359429026 INVESTRUST BANK ODYS BRANCH** at any INVESTRUST Branch countrywide.
- B.** Apply online or download the Application Forms from the website: www.lmmu.ac.zm or obtain an Application Form from Levy Mwanawasa Medical University Admissions Office.
- C.** All completed application forms should be accompanied by certified copies of certificates or statements of results; an authentic bank deposit slip; receipt from LMMU Account's Office should reach the Academic Office by 30th October, 2020.
Ensure that copies of Grade 12 certificate or statement of results are certified by Examinations Council of Zambia.

Candidates with admission letters from previous intakes who did not report for school for various reasons, should reapply and complete the new application forms.

For more information, Contact: **Admissions Office +260 974330519/ +260953821693**

Kindly note: The University does not involve any third party in the recruitment of students.