

INDICATE ONLINE APPLICATION REFERENCE NUMBER:



**Levy
Mwanawasa
Medical
University**

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FOR OFFICIAL USE ONLY

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

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Date: _____

**APPLICATION FORM FOR ADMISSION TO MASTERS DEGREE OR BACHELORS DEGREES OR
DIPLOMA OR CERTIFICATE PROGRAMMES FOR 2024/2025 ACADEMIC YEAR**

SCHOOL: _____

PROGRAMME: _____

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

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: _____

11. PERMANENT RESIDENTIAL ADDRESS: _____

12. DISTRICT OF RESIDENCE: _____

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

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: _____

C. EDUCATIONAL BACKGROUND

19. SCHOOLS ATTENDED

NAME OF SCHOOL	PERIOD	QUALIFICATION ATTAINED

20. GRADE 12 SCHOOL CERTIFICATE/GCE RESULTS

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

21. POST SECONDARY SCHOOL STUDIES (if any)

NAME OF INSTITUTION	PERIOD	COURSE	QUALIFICATION ATTAINED

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

D. SPONSOR (INDICATE YOUR SPONSOR)

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

24. TEL: _____ . CELL: _____

25. EMAIL.: _____

E. EMPLOYER (IF ANY)

26. NAME OF THE EMPLOYER: _____

27. TEL: _____ CELL: _____

28. EMAIL: _____

F. OTHER DETAILS

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

30. DO YOU HAVE ANY PHYSICAL OR COMMUNICATION DISABILITIES?

YES/NO. _____

31. IF YES, CIRCLE THE DISABILITY APPLICABLE: _____

(VISION, MOBILITY, SPEECH, and HEARING.)

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

H. 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: _____

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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 University Account below.

Account Name : Levy Mwanawasa Medical University General Deposit

Bank : INDO ZAMBIA

Branch : LMMU

Swift Code : INZAZMLX

Sort Code : 090033

Account No. : 0332020000002

Deposits can be made at any INDO ZAMBIA Branch Countrywide

- B.** Apply online and download the Application Form from the website: www.lmmu.ac.zm. Indicate the online application reference number on the application form.

- C.** All completed application forms should be accompanied by copies of certificates or statements of results and an authentic bank deposit slip should reach the Academic Office by 13th September, 2024.

Attach copies of certificates or Transcripts of Results (Applicants with foreign results should have the results translated and equated to Zambian standards by the 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/ +260 953821693**

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