



SANRIDGE INSTITUTE OF HEALTH AND SOCIAL SCIENCES

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GENERIC APPLICATION FORM

FOR OFFICIAL USE ONLY

Ref No: _____

Receipt No: _____

Received By: _____

PLEASE FILL IN THIS FORM USING BLOCK LETTERS.

INTAKE YOU ARE APPLYING FOR (TICK): JANUARY JULY YEAR

APPLICANTS DETAILS:

Last name _____

First name _____ Middle name _____

Date of birth: _____ Gender: male female

Marital status: married single

STATE ANY SPECIAL HEALTH OR PHYSICAL CONDITIONS THAT YOU HAVE (MAY) BELOW:

Nationality _____

National Registration Number (NRC) _____

Phone Number: _____

E-Mail Address: _____

Province _____ City _____

Address: _____

STATE THE COURSE YOU ARE APPLYING FOR BELOW:

MODE OF STUDY (TICK): FULL TIME PART TIME DISTANCE

SUMMARY OF ACADEMIC BACKGROUND

GRADE	SECONDARY/HIGH SCHOOL	CERTIFICATE OBTAINED

SPONSOR DETAILS:

NAME OF SPONSOR(S)	RELATIONSHIP	CONTACT NUMBER	SIGNATURE

1. I declare that the information provided by me in this application is correct and complete. I authorize Sanridge Institute to reserve the right to waive or reverse any offer of admission made for incorrect or incomplete information.
2. I shall undergo evaluation process required by the Institute, after consideration of results, other information provided and obtained. In accordance with admission policy, the school shall be the sole judge of whether a place is offered to me or not.

Date: ____ (day) _____ (month) _____ (year)

Applicants Name: _____

Applicants Signature _____

SUBMIT THIS APPLICATION FORM AFTER FILLING IT IN AND ATTACH YOUR PHOTOCOPIES OF YOUR GRADE 12 CERTIFICATE(S) OR RESULTS AS WELL AS DEPOSIT SLIPS FROM THE BANK.

Application form fee of k120 (ZMW) should be paid through any of the following methods:

BANK.

(Option one)

Sanridge Institute of Health and Social Sciences, Stanbic Bank, Waterfalls Branch
Account Number : **9130002795578.**

N.B: Clearly state the name of the Applicant when Depositing, .

PLEASE REMEMBER TO COLLECT THE DEPOSIT SLIP AT THE BANK FOR PROOF OF PAYMENT.

CASH PAYMENT:

(Option two)

Come through and pay at our offices through the accounts office and collect receipt for reference purposes.

www.sanridge.info

This application form can be reprinted.
Prices for each course can be found on our website or
Call us on +260 979170455 or +260 979170458.

ELECTRONIC FORM

This form can be printed or scanned and sent to sanridgeinstitute@gmail.com