



**SANRIDGE INSTITUTE OF HEALTH & SOCIALS
SCIENCES**

PLOT U5. CHELSTONE OBAMA, LUSAKA.

+260 979170455 OR +260 979170458

sanridgeinstitute@gmail.com

TICK PROGRAMME BEING APPLIED FOR:

REGISTERED NURSING

CLINICAL OFFICER GENERAL

Tick intake JANUARY

JUNE

2023

Part 1: Applicants Details

(PLEASE WRITE IN BLOCK LETTERS)

a. Surname:			Other Names:		
b. NRC /Passport No:			c. Date of Birth		
Sex:	M	F	Place of Birth		
d. Marital Status:		Single	Number of Children		
		Married	Age of your Last Born		
e. Nationality:					
District:		Province:		Town:	
f. Physical Address:					
g. Postal Address:			Email Address :		
h. Contact. No:					
I. state any limiting or special medical conditions:					

Part 2: Sponsor Details

Name(s)	Relationship	Contact Number	Address

Part 3: Academic Qualification

Subjects	Grade obtained
English	
Mathematics	
Biology	
Science	
Chemistry	
Physics	
INDICATE ANY OTHER SUBJECTS BELOW	



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Professional Qualifications If You Have Done Any Trainings before (Tick Appropriate)

Certificate Diploma Degree

- Current Employer Details

Name of Employer/company	Nature of Employment	Post

- Previous relevant employment history

Name of Employer	Nature of Employment	Post Held	Period of Employment

Part 4: Declaration:

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, false or incomplete information.
2. I shall undergo evaluation process required by the Institute In accordance with admission policies, the school shall be the sole judge of whether a place is offered to me or not.

NAME OF APPLICANT: _____
SIGNATURE: _____
DATE: _____

INSTRUCTIONS

SUBMIT YOUR COMPLETED FORM, ATTACH YOUR DEPOSIT SLIP AND YOUR CERTIFIED PHOTOCOPIES OF GRADE 12 CERTIFICATE(S) OR STATEMENT(S) OF RESULTS.

All fees should be deposited into the following bank account:

BANK NAME: Stanbic Bank

ACCOUNT NUMBER: 9130002795578.

ACCOUNT NAME: Sanridge Institute of Health and Social Sciences.

BRANCH NAME: Waterfalls Branch.

ZANACO

ACCOUNT NUMBER: 5753402500135

BANK NAME: ZANACO

ACCOUNT NAME: Sanridge institute of health and social sciences

BRANCH NAME: Waterfalls

AIRTEL MONEY

REGISTERED NAME: JOHN BANDA

PHONE NUMBER: +260979 170 455

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



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OFFICIAL STAMP