



MINISTRY OF HIGHER EDUCATION
KABWE INSTITUTE OF TECHNOLOGY

(Formerly known as Kabwe Trades Training Institute)

P .O. BOX 80430

Kabwe, ZAMBIA



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BACHELOR OF EDUCATION IN INFORMATION AND COMMUNICATION TECHNOLOGY

APPLICATION FORM

1. Surname
2. First Name
3. Middle Names
4. Residential Address
-
5. Present Mailing Address
-
6. Email
7. Cell Phones
8. Marital Status Single Married Widowed
9. Gender: Female Male
10. Date of Birth: Day Month Year
11. Nationality
12. Citizenship
13. N.R.C. No.
14. Passport No.
15. Issue Date
16. Expiry Date.....
17. Name of Spouse/Next of Kin
18. Phone/Cell Nos.....
19. Email
20. Mailing Address
21. Name of Guardian/Sponsor.....
22. Phone/Cell Nos.....
23. Email

B. If you have a disability that is not listed above, give details
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26. EMPLOYMENT BACKGROUND

Fill this part if you are presently employed;

- (a) Type of employment or job
- (b) Name of employer
- (b) Address of employer
- (d) Period of service
- (e) TS/Employee's Reference no.....

Signature of Applicant..... Date:.....

For Official use only

Institute's recommendation

Accept Reject

Reasons for Rejection

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Please send your duly completed application form with certified photocopies of NRC, Form V/Grade 12 and any other certificates to the Principal, Kabwe Institute of Technology, P.O. Box 80430, Kabwe.

kabweit@yahoo.co.uk