

**NATIONAL RAILWAYS OF ZIMBABWE TECHNICAL COLLEGE**

**ADMISSION FORM**

NOTES

* Forms to be completed in duplicate
* Complete every section in full indicating N/A where necessary. However provide as much information as possible
1. Surname………………………………………………………………………………………………………………………………….
2. First Name (s)………………………………………………………………………………………………………………………….
3. National I.D Number............................................................. 4. Passport No………………………
4. Nationality………………………………………………………………. 6. Gender………………………………………

7. Date of Birth…………………………………………………… 8. Marital Status………………………….................

9. Residential Address…………………………………………………………………………………………………………………

 10. Postal Address…………………………………………………………………………………………………………………………

 11. Cellphone No………………………………………………………Telephone (home)…………………………………..

 12. Religion Denomination……………………………………………………………………………………………………………

 13. Course Programme Applied for……………………………………………………………………………………………….

 14. Starting Date……………………………………......... 15. Ending Date…………………………………………………..

 16. Details of `O` and `A` Level Results

|  |  |
| --- | --- |
| **‘O` Level** | **‘A` Level** |
| **Subject** | **Year** | **Grade** | **Subject** | **Year** | **Grade** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 17. Address whilst studying at NRZ Technical College…………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

18. (a) Name and Address of next of kin………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

b) Who is responsible for your fees payment………………………………………………………………………………

c) Signature for person responsible for fees……………………………………….Date………………………………

d) Telephone (home)……………………………… Cell……..………………………. Business…………………………..

19. Are you related to any NRZ member of staff a) YES………………… b) NO…………………………...

If YES……………………………………………….. …………………………………… ……………………………………………….

 **Status** **Name of Relative** **Relationship**

20. Medical History……………………………………………………………………………………………………………………….

a) Do you have any physical disability, chronic illness such as asthma, hay fever etc………………….

b) State how the illness/condition can be controlled....………………………………………........................

…………………………………………………………………………………………………………………………………………………………….

21. **Declaration by Applicant**

I………………………………………………………………................................ certify that the information given above is correct in every respect. I further agree to be bound by the NRZ Technical College Rules and Regulations and pay all fees due promptly.

**Signature………………………………………………………………… Date……………………………………………………………..**

22. **Declaration by Guarantor;**

I ………………………………………………………………………………guarantee that I will pay fees for ……………………………………………………………………………….for his or her period of study.

**Signature……………………………………………………………….. Date……………………………………………………………..**

23. **FOR OFFICE USE ONLY**

**a) Fees paid**

 Processing/ registration fee ( )

 Tuition ( )

 Other ( )

Administrator…………………………………………… Signature……………………………………. Date……………………..

Data Capture (Clerk) Name ……………………………….. Signature………………………….. Date……………………….

Checked by Administration……………………………… Signature……………………………… Date………………………..