

In reply please quote No:....

## LUSAKA VOCATIONAL TRAINING CENTRE MANAGEMENT BOARD

P.O. Box 30564 Kapatu Road Off Malambo Road LUSAKA Telephone: 01 - 242270 E-mail: lvtcmb@gmaill.com Fax: +260 1 242270

## STUDENT APPLICATION FORM

IN	NTAKES	JANUARY	MAY		SEPTEMBER	
Tick	k what is ap	oplicable			5	
					Receipt Serial No	
				First I	Names:	
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To:....

From:....

12. School Certificate Results Obtained.

Subject	Grade	Subject	Grade	Subject	Grade						
i) Mathemati	cs	Viii) Agric. Science	e	xv) Commence							
ii) Physics		ix) Biology		xvi) Art							
iii) Chemistry	y	x) Geography		xvii) Home Craft/	Cookery						
iv) Science		xi) History		xviii) French							
v) English La	ang	xii) Metal Work		xix) Zambia Lan	g						
vi) General S	science	xiii) Technical Drav	wing	xx) Religious Edu	ucation						
vii) Physical S	Science	xiv) Principles Of A	Accounts	xxi) Other							
14. College/Institute attended ( <b>if any</b> )											
Qualifications:											
15 Disabilities if any (state type):											
16 Sponsor's Name:											
17 Sponsor's Address:											
18 Status: Single Orphan [ ] Double Orphan [ ] Aged Parents/Guardians [ ] (Tick where applicable)											
19 How did you know about Lusaka Vocational Training Centre (LVTC)? (Tick where applicable)											
Family Friends TV/Radio Facebook/Website Brochures											
Others (specify)											
20 Signature of Applicant:											
21 FOR OFFICIAL USE ONLY											
REF NO.		PAYMENT		RECEIPT NUMBER	DATE PAID						
	Cash	Postal Order	Other								
This applicant has paid an application fee of <b>K75.00</b>											
Official Date	Stamp		Date								
Selection Committee											
Signed:											
			Date								