



Plot 4751 Birdcage Walk, Longacres
 P/B RW 16X, Lusaka, Zambia
 Tel: 260-211-253211/253328/253331-2
 Fax: 260-211-253382
 E-mail:teveta@teveta.org.zm
 Website:http://www.teveta.org.zm

TEVET RESIT EXAMINATION ENTRY FORM (RESIT CANDIDATES ONLY)

1. COURSE:

2. EXAMINATION SERIES: M M Y Y
 /

3. STUDENT NO. :

4. EXAMINATION CENTER NAME : _____

5. SURNAME : _____

6. FORENAMES : _____

7. INSTITUTION OF STUDY : _____

8. YEAR OF ENROLMENT : Y Y Y Y
 /

9. Mode of Study: Full-time F / Distance D / Workplace W / Part time P

10. SUBJECTS TO BE TAKEN(indicate whether practical or written paper)

SUBJECTS	TICK		
	APPROPRIATELY		
	YEAR 1	YEAR 2	YEAR 3
1.			
2.			
3.			
4.			
5.			
6.			
7.			

DECLARATION BY APPLICANT

I hereby declare that the particulars given on this form are true and complete and that I have not filled any other form for these examinations in this session.

Signature : _____

Date : _____

DECLARATION BY HEAD OF INSTITUTION

I hereby declare that the applicant has followed the prescribed learning programme and has fulfilled the requirements to be admitted for examination in the subjects indicated.

Name in full : _____

Official Designation : _____

Signature : _____



FOR OFFICIAL USE ONLY

Cashier's Signature : _____

Receipt No:

OFFICIAL STAMP

NOTE: No Refunds once fees have been paid shall be entertained