TEVETA Technical Education, Vocational and Entrepreneurship Training Authority

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 EXAMINATION ENTRY FORM**

1. COURSE:

2. EXAMINATION SERIES:
3. STUDENT NO. :
4. EXAMINATION CENTER NAME :
5. SURNAME :
6. FORENAMES :
7. INSTITUTION OF STUDY :
Y Y Y Y
8. YEAR OF ENROLMENT :
9. Mode of Study: Full-time F / Distance D / Workplace W / Part time P
10. YEAR OF STUDY First Second Third Fourth

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

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i)	
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i)	
ii)	
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)	

#### **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 :	Institutional Stamp
Signature :	

### FOR OFFICIAL USE ONLY

Cashier's Signature : \_\_\_\_\_

Receipt No:

## OFFICIAL STAMP

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

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