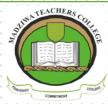


MINISTRY OF HIGHER AND TERTIARY EDUCATION, INNOVATION, SCIENCE AND TECHNOLOGY DEVELOPMENT

MADZIWA TEACHERS COLLEGE

P.O BOX 140 SHAMVA ZIMBABWE CELL: +263772 145 972





	Ар	pplication Receipt Num	ıber	
Diploma in Ed	ducation Applica	tion Form: Fe	eb 2025	
PLEASE WRITE CLEARLY	USING CAPITAL LETTERS			
Section A: Persona	al Details			
Your Name and Date of Birth sh	nould match those on your National IC)		
SURNAME				
NAME(S)			SEX	
D.O.B	NATIONAL ID		MARITAL STATUS	
PHONE NUMBER		ĖMAIL		
ADDRESS				
NEXT OF KIN				
SURNAME		NAME(S)		
RELATIONSHIP	X) Y	OCCUPATION		
PHYSICAL ADDRESS				
BUSINESS ADDRESS				
PHONE NUMBER		BUSINESS PHONE NUI	MBER	

Section B:

Academic Qualifications 5 O levels including:

ENGLISH, MATHEMATICS, SCIENCE AND ANY OTHER OFFICIALLY RECOGNISED INDIGENOUS LANGUAGE

	SUBJECT NAME	GRADE	YEAR	NAME OF EXAMINATION CENTRE
1	English			
2	Mathematics			
3	Science			
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Academic Qualifications (A level)

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Section C: Required documentation

Account name: Madziwa Teachers College

Account number: 6200 0080 010

Branch: Bindura

Registered Commissioner of Oaths Certified Copies of: Bi	th Certificate, Na	ntional ID, Aca	demic quali	fications		
Previous work experience in Government (Please attach C	learance letter/ T	ermination A	dvice)			
Job description	4. Duration			truo and	am awara the	ort.
supply of any false information may nullify my application		imormation gi	veii above i	s true and a	aili awale ilic	11
Section D: Application fee payment						
Deposit a non-refundable application processing fee of \$5	USD into the fol	llowing colleg	e account:			
Bank: CBZ						

APPLICANT SIGNATURE DATE...... DATE......