



# CYBER INSTITUTE OF SCIENCE AND TECHNOLOGY

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In affiliation with



Organisation of  
Business Professionals  
GATEWAY TO SUCCESS

## STUDENT APPLICATION FORM

A copy of this form should be completed and returned/sent to the Registrar. The form should be typed or completed in block letters. Attach a passport size photograph, a copy of result slip/certificates and a copy of the national ID Card.

### SECTION A: Application Details

Program applied for:

First Option(i) .....

Second Option(ii) .....

### SECTION B – Applicant’s Personal Details

(i) Name.....  
(Surname) (Other names in full)

(ii)Postal Address..... Town/City.....

(iii)Phone..... E-mail.....

(iii) Date of Birth (DD/MM/YYYY)..... Male  Female

(iv) Marital Status..... Religion.....

(v) Nationality..... National ID.....

(vi) Name of Sponsor..... Town/City.....

Relationship..... Postal Address.....

Phone..... Email.....

### SECTION C - Applicant’s Education Details

Please fill in the table by listing all the secondary schools and s attended

Schools attended	Address of School	Period of Study		Qualification
		From	To	

Please attach certified copies of certificates, academic transcripts, results slips and any relevant document.

**SECTION D – Applicant’s Working Experience (if applicable)**

Please fill in the table by listing all your working experiences

Period of Work		Employer	Designation
From	To		

**SECTION D - Applicant’s Declaration**

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of Applicant in full.....

ID/Passport No..... Date..... Signature.....

**SECTION E – Evaluation of Applicant (for official use only)**

(i) Application form received by:

Signed.....  
Admission Officer

(ii) Recommendation of Department Accept / Reject / Conditional

Signed.....

Date and Stamp.....

.....  
Head of Department