

COURSE OF STUDY

First Choice

Second Choice

Third Choice

Name three persons to whom reference may be made (two of these should be persons who have taught you at your former institution, preferably your Head of Department & any other senior member of the Department).

Name:

Address:

(i)

(ii)

(iii)

State knowledge of languages other than English

Do you have any health or physical disability?

If yes, explain

Give any other information which you consider relevant to the application

DECLARATION

I declare that the particulars and the information given on this form are to the best of my knowledge correct. If the institution is at any time, convinced that any of the information given on this form is false or incorrect, I will be required to withdraw from the programme or be liable to prosecution or both.

Signature of Applicant

Date

Completed application form should be attached with the followings:

a. Two (2) passport photographs

b. Photocopies of Birth Certificate/

Declaration of age

c. Photocopies of all Educational

Certificates

d. Photocopies of testimonial from last

educational institution attended

e. Letter of good conduct from your local

government or religious clergy

f. Local government indigene form

g. Evidence of any change of name

h. Evidence of non-refundable application

fee paid

FOR OFFICE USE ONLY

Photocopies of all relevant credentials attached

All documents agree with the information on this form

Copy of the cashier's bank teller or receipt attached

Approved course of study

OFFICER'S COMMENT:

Signature of Verification Officer

Date



Tel: 08032557312, 08166719445

Email: jecohmst@gmail.com

MOTTO: Transforming Health Through Medical Excellence

PASSPORT
PHOTOGRAPH

APPLICATION FORM FOR ADMISSION

FORM NO

SESSION:

Surname:

Other Names:

Date of Birth

Gender:

Marital Status

State of Origin

LG of Origin

GSM

Postal Address

Permanent Home Address:

Name of Guardian or Sponsor

GSM Number of Guardian or Sponsor

SCHOOLS ATTENDED WITH DATES

O'LEVEL RESULTS

[illegible]