Rc 9595547

AMB COLLEGE OF HEALTH TECHNOLOGY

Plot 36, Jagun Labala A venue, Behind NNPC Station Asa - dam Ilorin, Kwara State
ambcollegeohealthtech@gmail.com

TEL: 09128228898, 09157030759

ADMISSION APPLICATION FORM

APPLICANT'S BIO DATA

(COMPLETE IN CAPITAL LETTERS)

SURNAME:_____

OTHER NAMES:_____

ADDRESS:_____

PHONE NUMBER (MOBILE):_____

E-MAIL ADDRESS:_____

SEX:_____ **DATE OF BIRTH:**_____

MARITAL STATUS:_____**BLOOD GROUP:**_____

GENOTYPE:_____**NATIONALTY:**_____ **STATE OF ORIGIN:**_____

LOCAL GOVERNMENT OF ORIGIN:_____

NAME OF PARENT /GUADIANCE::_____

ADDRESS (OF PARENT /GUADIANCE)::_____

PHONE NUMBER::_____

(B.) COURSES/PROGRAMME OF CHOICE

LIST OF COURSE ON THE LAST PAGE

1. FIRST CHOICE:_____

2. SECOND CHOICE:_____

(C.)SCHOOOL ATTENDED WITH DATE

1_____

2_____

3_____

(D.) 'LEVEL (SSCE) SCORES

EXAMINATION BODY (TICK AS APPROPRIATE) WAEC ( ) NECO ( ) NABTEB ( )
NUMBER OF SITTING.( ) GRADE OBTAINED

1. ENGLISH LANGUAGE_____

2. MATETHMATICS_____

3. BIOLOGY_____

4.PHYSICS_____

5.CHEMISRY_____

(E.) JAMB (UTME) DETAILS (IF ATTEMPTED)

YEAR OF EXAMINATION: _____

SCORE:_____

REG. NO:_____

(F) I _____ HEREBY DECLARE THAT ALL THE INFORMATION GIVEN IN THIS FORM ARE TRUE AND ACCURATE. I AGREE THAT ANY FALSE OR INCOMPLETE INFORMATION IN THIS FORM AUTOMATICALLY DISQUALIFIES ME FROM BEING CONSIDERED FOR ADMISSION INTO THE INSTITUTION.

SIGNATURE OF THE APPLICANT:

DATE:_____

(G) WHO REFERRED YOU?

STAFF:_____

STUDENT:_____

OTHERS:_____

AVAILABLE COURSE/ PROGRAM

ND IN COMMUNITY HEALTH(2 YEARS)

PHARMACY TECHNICIAN (3 YEARS)

PUBLIC HEALTH TECHNICIAN (3YEARS)

MEDICAL LABORATORY TECHNICIAN

(3 YEAR)