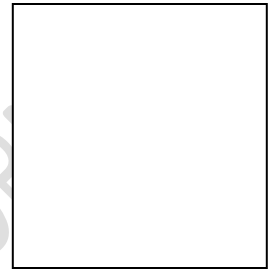


SCHOOL OF HEALTH INFORMATION MANAGEMENT
UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B. 1459, ILORIN, KWARA STATE

2017/2018 SESSION

Please tick the appropriate course below

- APPLICATION FORM:** PGD (FULL-TIME)
- PGD (PART - TIME)
- HND (FULL-TIME)
- ND (FULL-TIME)
- ND (PART-TIME)



Serial No:.....

1. NAME IN FULL:.....

(Surname First) (Block Letters)
2. SEX.....MARITAL STATUS
3. DATE OF BIRTH.....HOME TOWN.....
4. POST ADDRESS
5. STATE OF ORIGINL.G.A.....
6. E-MAIL ADDRESS.....TELEPHONE NO.....

7. **SCHOOL(S) ATTENDED WITH DATES:**

SCHOOL(S) ATTENDED	Dates	
	From	To
1.		
2.		
3.		
4.		

8. **EDUCATIONAL QUALIFICATIONS (Indicate Subject & Grades) Year:**

a. SSCE/GCE 'O' Level or its Equivalent (Attach a clear Photocopy of your result(s):

SUBJECT	GRADES	SUBJECT	GRADES
1.		5.	
2.		6.	
3.		7.	
4.		8.	

b. **OTHER QUALIFICATIONS: (Attach a clear Photocopy of your result (s):**

.....
.....
.....

9. **PRESENT EMPLOYMENT (If any)**

.....
.....

10. **SPONSORING AGENT**

.....
.....

11. **CANDIDATE'S SIGNATURE WITH DATE**.....

Please attach a clear Photocopy of your receipt.

.....

<p>Admission Slip (To be detached and presented at Examination Venue)</p> <p>1. Candidate's Serial No:.....</p> <p>2. Candidate's Name:.....</p> <p>3. Date of examination/Interview:</p> <p>Time:</p>
--