



UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459
ILORIN
SCHOOL OF ORTHOPAEDIC CAST TECHNOLOGY



APPLICATION FORM: FOR NATIONAL DIPLOMA
FULL TIME
2017/2018

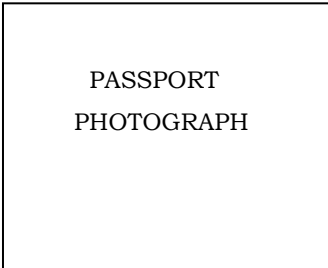
Serial No:-----

1. Name:-----
 (Block Letters) Surname Other Names
2. Postal Address:-----
3. E-mail Address:-----
4. Date of Birth:----- State of Origin -----
5. L.G.A:----- Home Town-----
6. Marital Status:----- Sex ----- Tel. Phone No -----
7. Next of kin-----
8. Address of Next of kin/ E-mail address -----
9. GSM NO:-----
10. School (s) attended with Dates:
 1. -----
 2. -----
 3. -----
 4. -----
11. Education Qualifications (Indicate subject & Grades) Year
 - a) SSCE/GCE 'O' Level or its Equivalents (Attach a clear photocopy of your result (s) Subjects/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

OND1 FULL -TIME
Admission Slip (To be detached and presented at Examination Venue



1. Candidate's Serial No: -----
2. Candidate's Name: -----
3. Date of Oral/Interview 30th August, 2016
 Time 9.00am.