

# SCHOOL OF HEALTH INFORMATION MANAGEMENT

UNIVERSITY OF ILORIN TEACHING HOSPITAL

P.M.B 1459, ILORIN, KWARA STATE.



## 2018/2019 SESSION

*Affix recent  
Passport  
Photograph*

Please check 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. POSTAL ADDRESS.....
5. STATE OF ORIGIN.....L.G.A.....
6. E-MAIL ADDRESS.....TELEPHONE NO.....

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

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

5.		
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**8. EDUCATIONAL QUALIFICATIONS (Indicate Subject & Grades) Year:**

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

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

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

.....  
 .....

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

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 .....

**10. SPONSORING AGENT**

.....  
 .....

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

*Please attach a clear photocopy of your receipt*

**Admission Slip (To be detached and presented at Examination Venue)**

1. Candidate's Serial No:.....
2. Candidate's Name:.....
3. Date of examination/Interview:

**Time:**

