



**APPLICATION FOR ADMISSION INTO
SCHOOL OF NURSING**
UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459, ILORIN, KWARA STATE.

*Affix 2 recent
Passport
Photographs*

2018/2019 Academic Session

EXAM NO. _____ FORM NO. _____

Use Capital Letters

1. NAME IN FULL.....
(Surname First)
2. SEX.....MARITAL STATUS.....
3. DATE OF BIRTH...../...../..... AGE..... MAIDEN NAME.....
4. CONTACT/POSTAL ADDRESS.....
.....
.....
5. STATE OF ORIGIN.....
6. NATIONALITY.....L.G.A.....
7. PERMANENT HOME ADDRESS.....
.....
.....
8. TELEPHONE NO..... E-MAIL.....
9. EDUCATIONAL QUALIFICATION

Name of Institution	Years attended		Certificate Obtained with Dates	Reg. No./Exam No.
	From	To		

Please attach copies of credentials.

10.

First Sitting (Subjects passed and Grades in WAEC, NECO, SSCE or GCE)

1.	2.	3.
4.	5.	6.
7.	8.	9.

11.

Second Sitting (Subjects passed and Grades in WAEC, NECO, SSCE or GCE)

1.	2.	3.
4.	5.	6.
7.	8.	9.

12. DO YOU HAVE ANY HEALTH OR PHYSICAL DISABILITY YES/NO (If YES explain)

13. NAME AND ADDRESS OF SPONSOR

NAME: _____

DESIGNATION (RANK) _____

ADDRESS: _____

SIGNATURE AND STAMP _____

TEL: _____ DATE _____

14. GIVE ANY OTHER INFORMATION WHICH YOU CONSIDER RELEVANT TO THE APPLICATION:

.....

.....

.....

15. NAME AND ADDRESS OF THREE REFEREES:

- (a)
-
- (b).....
-
- (c).....
-

Candidates should request their referees to send references direct to the Chairman Medical Advisory Committee, U.I.T.H.Ilorin, before the closing date for receipt of applications.


DECLARATION:

I, the undersigned candidate hereby declare that the information I have on this form are true and correct. If any of it is later discovered to be false or incorrect, shall be guilty of offence punishable according to relevant law and the school disciplinary action.

_____ *Date*

_____ *Applicant's Signature*

<u>FOR OFFICE USE ONLY</u>
Mark Scored.....
Signature of the Score Reader.....
Date...../...../20.....

	SCHOOL OF NURSING UNIVERSITY OF ILORIN TEACHING HOSPITAL P.M.B 1459, ILORIN, KWARA STATE.	
	<u>Examination permit card</u>	
Exam No: _____		
Name: _____		
Address: _____		
State of Origin: _____ L.G. A _____		
Examination Centre: COMSIT CENTER, University of Ilorin Date: _____		
Interview Date: ____/____/____		
<p><i>Candidates below 18 years of age will not be allowed to write the CBT exam.</i></p> <p><i>This card permits you to write the Examination and attend the interview, please keep it safe.</i></p>		