

Personal Information

Full Name: _____
Date of Birth (DD/MM/YYYY): _____
Gender: Male Female Other
Nationality: _____
State of Origin: _____
Local Government Area: _____
Residential Address: _____
Phone Number: _____
Email Address: _____

2. Next of Kin / Emergency Contact

Full Name: _____
Relationship: _____
Phone Number: _____
Address: _____

3. Educational Background

Level of Education	School Name	Year of Completion	Grade / CGPA
Secondary School	_____	_____	_____
Higher Education (if applicable)	_____	_____	_____
Others	_____	_____	_____

O' Level Subjects and Results (Attach Copies):

Professional Certificates (if any):

4. Program of Interest

Intended Course / Department: _____
Preferred Mode of Study: Full-Time Part-Time

5. Supporting Documents (Attach Copies)

- ✓ Birth Certificate / National ID
- ✓ Academic Certificates (WAEC, NECO, NABTEB, or equivalent)
- ✓ Passport-sized Photograph (2 copies)
- ✓ Letters of Recommendation (optional)

6. Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in the cancellation of my admission.

Signature of Applicant: _____

Date: _____

For Official Use Only

Application Received By: _____

Date Received: _____

Admission Status: Pending Approved Rejected

Remarks: _____



AKOBI COLLEGE
OF HEALTH TECHNOLOGY