

SCHOOL OF HEALTH INFORMATION MANAGEMENT

UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459, ILORIN, KWARA STATE.



2019/2020 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)}:

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9. PRESENT EMPLOYMENT (If any)

.....

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:

