IGBINEDION UNIVERSITY TEACHING HOSPITAL
COLLEGE OF NURSING SCIENCES
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APPLICATION FORM

AFFIX PASSPORT PHOTOGRAPH HERE

TO BE COMPLETED IN CAPITAL LETTERS

A: CANDIDATE'S DETAILS

SURNAME: …… ..……

FIRST NAME: …….. MIDDLE NAME …….

SEX: ……. DATE OF BIRTH: …….

AGE: …… NATIONALITY: ……..

STATE OF ORIGIN: …….. L.G.A.: ……..

MARITAL STATUS: …….. NUMBER OF CHILDREN (IF ANY): ……

RELIGION: …… APPLICANT'S MOBILE NUMBER(S): ……

APPLICANT'S PRESENT ADDRESS: …….

……...

EMAIL ADDRESS: …….

B: NEXT OF KIN

NAME: …….

PRESENT ADDRESS: ……

……..

RELATIONSHIP (WITH THE APPLICANT): …….

MOBILE NUMBER(S): …….

EMAIL ADDRESS: ……

C: APPLICATION REQUIREMENTS

CREDIT IN ENGLISH LANGUAGE, MATHEMATICS, PHYSICS, CHEMISTRY AND BIOLOGY IN NOT MORE THAN TWO (2) SITTINGS

SUBJECT PASSED (WITH GRADES)

1. …… 2……. 3. ……..

4. …….. 5 …… 6 ……

7 ……... 8 …… 9 ……

THEY MUST HAVE PASSED JAMB WITH THE SCORE OF "150 AND ABOVE" IN THE LAST TWO JAMB EXAMINATION

Year of JAMB: …… JAMB Reg. No.: ……. Score: …….....

NOTE: APPLICANT SHOULD NOT BE LESS THAN 17 YEARS OLD BY MAY 2025