

JOINT ADMISSIONS AND MATRICULATION BOARD

2019 DE REGISTRATION FORM TEMPLATE

(FOREIGN CENTRES)

RECENT PASSPORT
PHOTOGRAPH NOT
OLDER THAN 3
MONTHS

Surname

First Name

Middle Name

Date of Birth:

Sex (Male or Female):

dd/mm/yyyy

Marital Status:

Disabilities (Blind/Deaf/Physical Handicap):

Postal Address:

Address

Town

State/Country

Email Address:

GSM Number:

Nationality (Nigerian/Non Nigerian):

State of Origin:

Local Govt.:

First Choice

Institution:

Course:

Second Choice

Institution:

Course:

A' Level Result:

Date of Graduation

Qualification Group:

1st Degree, HND, ND or Equivalent / NCE, A' level or Equivalent.

Qualification:

Exam/Admission No:

No of Sitting(s):

| S/N | A' Level Subject | Grade |
|-----|------------------|-------|
| 1 | | |
| 2 | | |
| 3 | | |

O' level Result:

No of Sitting:

| S/N | Subject | Exam Type | Year | Grade | Examination No. |
|-----|---------|-----------|------|-------|-----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |

Candidate's Sign/Date: _____

