## **AHMADU BELLO UNIVERSITY**

## STUDENT IDENTIFICATION CARD FORM

## **SECURITY DIVISION**

(TO BE COMPLETED IN BLOCK LETTERS)

	REGISTRATION NUMBER:
A. <u>PERSONAL INFORMATION</u>	
SURNAME:	
	Date of Birth:
PFIRST NAME:	MM DD YYYY
MIDDLE NAME:	Religion: (Please tick)
	Islam Christianity Others
NATIONALITY:	
	Sex: (Please tick)
STATE OF ORIGIN:	
	Male Female
LOCAL GOVERNMENT AREA:	NEXT-OF-KIN / GUARDIAN:
	Names:
PERMANENT HOME ADDRESS:	
	Address:
	Relationship:
POSTAL ADDRESS:	Phone:
POSTAL ADDRESS:	
TELEPHONE:	C. MEDICAL:(Please tick as appropriate)
	BLOOD GROUP: A AB B O
E-MAIL:	
	Other (Please Specify):
B. ACADEMIC DETAILS	GENOTYPE: AA AS SS
COURSE:	Other (Please Specify):
FACULTY:	
DEPARTMENT:	Student Signature:
	APPROVAL (HOD SIGN.)
LEVEL:	