

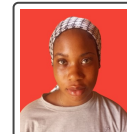


# Federal University Lokoja

(Office of the Registrar)

## FORM 01 - BIODATA FORM

2024/2025 ACADEMIC SESSION



### CANDIDATE INFORMATION

**Jamb No.:** 202440841407CF **Matriculation Number:** ART24THA071  
**Name:** Jacinta Onyinye NWADIALOR **Sex:** Female  
**Date of Birth:** 2007-06-22 **Marital Status:** Single **Nationality:** Nigeria  
**State of Origin:** Abia **L.G.A.:** EKWUSIGO **Faculty:** ARTS  
**Department:** THEATRE ARTS **Course of Study:** THEATRE ARTS  
**Year of Entry:** 2025 **Level:** 100 **Expected year of Graduation:** 2029  
**Mode of Entry:** UTME **Off Campus? (Yes/No):** YES **If No, Hall/Room No.:** **Religion:** Christianity  
**If Yes, Off Campus Address:** Back of Felele Bustop, Felele, Lokoja  
**Permanent Address:** Abdulazeez Estate, Opposite Total Filling Station, Okene  
**Student's GSM No.:** 07043001298 **Student's Email (University Email):**  
nwadialoronyinye1@gmail.com  
**Relationship:** Mother  
**Next of Kin Name:** Nwadiolor Chinwe  
**Address:** Abdulazeez Estate, Opposite Total Filling Station, Okene  
**GSM No.:** 08038116760 **Email:**  
**Sponsor:** Nwadiolor Emmanuel, Abdulazeez Estate Oppsite Total filling station, Okene, 07030401744  
**Number of Sibling:** 7 **Gender of Sibling:** Female **Place among Sibling:** 7  
**Previous School attended with dates:** New Era Secondary School, Oro, Kogi State

### UNIVERSITY HEALTH SERVICES

**Blood Group:** O+ **Hb. Genotype:** AA **HBsAg Status:** Nil  
**Weight (in kg):** 92 **Height (in meters):** 1.72 **BMI:**  
**Chest X-ray:** Normal **If Abnormal, Condition:**  
**Allergies:** NO **If YES, type:**  
**Medication:** NO **If YES, type:**  
**Suffering from specific medical condition:** NO **If YES, type:**

### SPORTS UNIT]

**Which sporting activities are you most interested in?**

- 1: Gaming
- 2: Football
- 3: Volleyball
- 4:

### UNIVERSITY COUNSELLING SERVICES

**Have you ever been registered student of a tertiary institution in Nigeria? if yes, state:**

**Name of Institution:**

**Course of Study:**

**Matriculation Number:**

**Period of Attendance:**

**PLEASE NOTE:** Submit along with this form, a one (1) page essay titled 'MY SELF' to give relevant information about yourself, stating: your likes, dislikes, values, etc.

### SECURITY UNIT

#### NAMES AND ADDRESSES OF ASSOCIATES

(1) **Name:** Ibrahim Ohunene Bilikisu

**Phone:** 07007190796

<b>Address:</b> Back of Smart Fuel Station, Nagazi-Eba, Okene	<b>(2)</b>
<b>Name:</b> Samuel Faith	<b>Phone:</b> 081101169496
<b>Address:</b> Oruvuchebe, Agasa, Okene, Kogi State	<b>(3)</b>
<b>Name:</b> Salawudeen Sabdat	<b>Phone:</b> 09137739916
<b>Address:</b> Obehira junction, Okene, Kogi State	<b>(4)</b>
<b>Name:</b> Hassan Hamzah	<b>Phone:</b> 08101115443
<b>Address:</b> Back of Comprehensive Secondary School, Oro, Okene, Kogi State	

#### UNIVERSITY LIBRARY

The student has been issued with \_\_\_\_\_ number of Library Cards for use for the duration of his/her studies in the University.

#### ATTESTATION BY STUDENT

I affirm that all information given by me herein is true, that all documents submitted by me are authentic, I further aver that I have never been a member of any secret cult and that if any of the statements is found otherwise, my admission stands nullified.

**Student's Signature:**

**Date:**

For support and enquiry, [portalsupport@fulokoja.edu.ng](mailto:portalsupport@fulokoja.edu.ng)

Copyright © 2012 - 2025. Federal University Lokoja | All Rights Reserved | Powered by FULokoja ICT Team