



ABIA STATE UNIVERSITY, UTURU

STUDENTS INFORMATION FORM (SIF)

PERSONAL INFORMATION

(A) NAME: SHOKARE MARHO OVIE

(B) SEX: MALE

(C) BIRTH DATE: 7/12/2000

AGE:

DAY

MONTH

YEAR

(D) NATIONALITY: NIGERIAN

(E) PLACE OF BIRTH: UGHELLI

(F) PLACE OF ORIGIN: UGHELLI DELTA

(G) MARITAL STATUS: SINGLE

(H) RELIGION: CHRISTIANITY

(I) ADDRESS OF STUDENT:

(A) PERMANENT HOME ADDRESS: ☐

(B) CONTACT ADDRESS: ☐

(C) TELEPHONE NO: 08159761337

(J) NEXT OF KIN (NAME): MR. SHOKARE AUGUSTINE

(A) CONTACT ADDRESS: UGHELLI NORTH L G A

(B) RELATIONSHIP: FATHER

(C) TELEPHONE NO: 08032804487

(K) SPONSOR (NAME): MR. SHOKARE AUGUSTINE

(A) CONTACT ADDRESS: UGHELLI NORTH L G A

(B) RELATIONSHIP: FATHER

(C) TELEPHONE NO: 08032804487