

MINISTRY OF HIGHER EDUCATION

NATIONAL COMMITTEE FOR THE ORGANIZATION OF NATIONAL
EXAMS AND
COMPETITIVE ENTRANCE EXAMINATIONS
REGISTRATION FILE TO THE NATIONAL EXAM OF HIGHER
NATIONAL DIPLOMA HND SESSION OF 2024

FISCAL
STAMP

PHOTO

MATRICULE 24NUS0045 **EMAIL** sekasolie@gmail.com
NAME SEKA MARIEMA SOLIE
BIRTH DATE 2002-01-24 **BIRTH PLACE** KUMBO
GENDER F **PHONE NUMBER** 671932109
NATIONALITY CAMEROUN **ORIGIN REGION** NORD-OUEST
ENTRY DIPLOMA GCE A/L **EXAM CENTER** BAMENDA
DIPLOMA NUMBER 118847020 **DIPLOMA** 2020
APPLICATION TYPE REGULIER **PAYS DIPLOME** CAMEROUN
FIELD MEDICAL AND BIOMEDICAL SCIENCES
SPECIALTY NURSING
OPTION NURSING
START SCHOOL NATIONAL POLYTECHNIC BAMENDA (NPB)
CURRENT SCHOOL NATIONAL POLYTECHNIC BAMENDA (NPB)

SCHOOL CERTIFICATE (Regular candidates)

I, the undersigned _____
Certifies that the nominee _____
Born on ____/____/____ in _____
Is regularly registered at (name of establishment) _____
Level _____, Field _____
Speciality _____
Option _____
On behalf of the academic year _____

At _____ On ____/____/____

Name Stamp and signature of the head of the establishment

- NB: 1. Write in capital letters
2. Any false information will result in the automatic disqualification of the candidate

I certify on my honor that the information provided is true (Name and signature)