## ا ن محرلا الله المسبر لحيم

## ا دهعمذالإلاسمى

## ISLAMIC INSTITUTE P. O. BOX 3, EDE, OSUN STATE, NIGERIA.

AFFIX YOUR RECENT
PASSPORT
PHOTOGRAPH

HERE

## APPLICATION FORM FOR ADMISSION. (20...../.......)

[TO BE FILLED IN BLOCK LETTER]

NAME OF	- CANDIDATE:	(SURNAME)		(OTHER NAMES)			
REGISTRAR'S SIGNATURE & DATE			STUDENT'S SIGNATURE & DATE.				
FILL IN IN	IK AND BLOCK LETTERS.						
1. (a) SURNAME		MR/MRS (II) OTHER NAMES					
(b) Date	e & Place of Birth						
				(e) Local Govt. Area (i) Religion			
2. (a) Schools Attended			1	<u>DATES</u>			
S/N		SCHOOLS A	TTENDED		FROM	ТО	
(b) Arabic Schools Attended with Dates							
S/N		INSTITU	TION		FROM	TO	
3. State other Certificate obtained (if any)  (i) (ii)							
4. Off Compound Address							
5. Permanent Home Address							

	(ii)	Phone no:		
		Phone no:		
7. ATTESTATION				
		_attestate to be law abiding. I pror		
regulations of the Institute. To carry prefects would be obeyed and respendent time that I erred. I promise to continual/criminality discovered on the	ected. I submit myself to ontribute my own quota	any punishment that is deemed fit to the progress of the Institution an	by the school Authority	
STUDENT'S SIGNATURE & DATE	_	PARENT/GUARD	DIAN'S SIGNATURE & DATE	
	FOR OFFICIAL U	SE ONLY	7	
ADMIS	SION DATE	REGISTRATION NUMBER		
	MARKS OBTA	AINED	_	
EXAMINATION NUMBER		E DOTTED LINEACADEMIC SESSION: 20/		
FULL NAME				
CONTACT ADDRESS				

(Bring this slip along with you to the Examination hall)