

# COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY HADEJIA

## ADMISSION APPLICATION FORM

**Application Number:** CHSTH/2025/0001

<b>SECTION A: PERSONAL INFORMATION</b>	
First Name:	test
Surname:	test
Other Name:	N/A
Date of Birth:	2025-09-27
Phone:	08069278540
Email:	test@gmail.com
Address:	ddd
LGA:	ddd
State of Origin:	dddd

<b>GUARDIAN/NEXT OF KIN INFORMATION</b>	
Full Name:	ddd
Phone:	56788998778
Address:	fvvcc
Relationship:	gggg

<b>SECTION D: COURSE SELECTION</b>	
First Choice:	Diploma in Community Health (SCHEW)
Second Choice:	Diploma in Nutrition and Dietetics

## SECTION E: DECLARATION

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This is a computer-generated document.