**DECLARATION:**

I..... declare that all the

Information given by me is corrected and any false misguided information found thereafter will render me not eligible for admission and subject to other penalties/legal action.

**SECTION (E) REFERENCE/NEXT OF KIN**

**INFORMATION:**

**Fist Name/SurName:...............................................................**

**Full Address:.........................................................................**

**Tel:....................................................................................**

**Email:................................................................................. Signature:……………………………………....................**

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**FOR OFFICIAL USE ONLY**

**REMARKS:**

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**Admission Officer Date**

REMARKS:

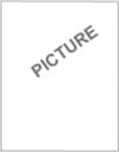
Admission Officer Sign. Date

**TROPICAL COLLEGE OF HEALTH, KANO**

.... *Sound Education for Health*

ADDRESS: Kano Slate Nigeria.

Tel: Email:



Form: No: |

#### 

#### **ADMISSION APPLICATION FORM**

**2019 / 2020 SESSION**

**Name of Applicant:**

**L.G.A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Applied For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section (A) courses offered:**

**COMMUNITY HEALTH DEPARTMENT**

**3 Years Diploma in Community Health Extension Worker 2 years Diploma (nd) in community health**

**2 Years Diploma in Community Health Extension Worker (RETRAINEE)**

**2 Years Certificate in Community Health Extension Worker (JCHEW)**

PTO