



## MOSES & GRACE COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY

No. 3, Richard Street, Off Benin-Sapele Road, Obe, Benin-City, Edo State, Nigeria.  
Phone: 07033312671, 08029463566, 08073525624

P.O Box 689, Benin-city

### APPLICATION FORM

SECTION: A

Please Fill the Below Form to Fill the Online Application Form.



1. SURNAME: .....
2. OTHER NAMES: .....
3. DATE OF BIRTH: .....
4. SEX: ..... 5. NATIONALITY: .....
6. STATE OF ORIGIN: ..... 7. LGA: .....
8. PHONE NUMBER: .....
9. E-MAIL: .....
10. PERMANENT ADDRESS: .....  
.....
13. TYPE OF ADMISSION APPLIED FOR:  
DIPLOMA ☐ DEGREE FT ☐ DEGREE PT ☐
14. COURSE OF STUDY: .....

**SECTION: B**

**15. SCHOOLS ATTENDED WITH DATES**

	NAME OF SCHOOL	FROM	TO	DEGREE EARNED
1				
2				
3				
4				
5				

**16. ACADEMIC QUALIFICATIONS GCE / SSCE / WASC RESULTS**

	SUBJECT	GRADE			GRADE
1			6		
2			7		
3			8		
4			9		
5					

**N.B.:** Enclose photocopies of your Certificates / Statement of Result and any other professional Certificate / Diploma you may have.

**LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING**

I, THE APPLICANT HEREBY

- A. Acknowledge that the University does not accept responsibility for damage or loss in respect of any property that I brought into the University premises.
- B. Undertake, that during the Orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University residence, club or society to which I may be admitted or any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any Faculty.
- C. Certify that the information provided in this form and all supporting documentations are accurate and acknowledge that furnishing any false information may result to my expulsion and or any other disciplinary proceedings being taken against me any time this is detected.
- D. Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
- E. Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment, for any period for which I am a registered student of the University.

Name: .....

Date: ..... Signature of Applicant: .....