

## HOSTEL ONLINE DOCUMENTATION PORTAL

## STUDENT PERSONAL INFORMATION



**Surname:** OGBONNA  
**First Name:** CHINAZA  
**Middle Name:**  
**Sex:** MALE  
**Date of Birth:** 28/07/1999  
**State Of Origin:** ABIA  
**LGA Of Origin:** BENDE  
**Home Town:** UMUORIE  
**Permanent Address:** JAYMOLA CLOSE MINISTERS HILL ZUBA  
**Mobile Phone :** 08184724615  
**Contact Address:** JAYMOLA CLOSE MINISTERS HILL ZUBA  
**Blood Group:** O POSITIVE (O+)  
**Genotype:** AS  
**Religion :** CHRISTIANITY  
**Email :** MOSESOGBONNA68@GMAIL.COM

## SPONSOR AND NEXT OF KIN DETAILS

<b>Sponsor's Fullname:</b>	MOSES OGBONNA	<b>Next of Kin Fullname:</b>	MOSES OGBONNA
<b>Sponsor's Address :</b>	JAYMOLA CLOSE MINISTERS HILL ZUBA	<b>Next of Kin Address:</b>	JAYMOLA CLOSE MINISTERS HILL ZUBA
<b>Sponsor's Mobile No :</b>	07063459346	<b>Next of Kin MobileNo:</b>	07063459346
<b>Relationship:</b>	FATHER	<b>Relationship:</b>	FATHER
<b>Sponsor Email:</b>		<b>Next of Kin Email:</b>	

## PROGRAMME DETAILS

<b>Department :</b>	COMPUTER SCIENCE	<b>Mode of Entry</b>	UTME
<b>Student Type :</b>	UNDERGRADUATE	<b>Mode of Study</b>	FULL TIME
<b>Programme :</b>	B.SC	<b>Entry Year</b>	2018-2019
<b>Matric No :</b>	2018/243182	<b>Year of Graduation :</b>	2021-2022
<b>JAMB No :</b>	85417257BG	<b>Year of Study:</b>	300 LEVEL
<b>Student Mode :</b>	RETURNING STUDENT		

## MEDICAL DETAILS

☐ Diabetes      ☐ Epilepsy      ☐ Sickle Cell  
☐ Hypertension      ☐ Asthma      ☐ Allergies  
☐ Disabilities      ☐ Spectacle Use      ☐ Previous Surgery  
☐ Blind

## HOSTEL DETAILS

**Hostel :** ENI-NJOKU HALL  
**Room** 325A

I hereby declare that every information provided is true and accept the hostel bed space allocated to me with the penalties in default of any RULES & REGULATIONS guiding the hostel and university community at large with a full understanding of the legal implications of this undertaking therefore, I declare my willingness to be bound.

Signature ..... Date .....

## FOR OFFICIAL USE ONLY

Amount Paid for Hall Levy .....Hall Sponsors name incharge .....  
 Signature and Stamp ..... Date .....  
 DEANS Signature/Stamp .....Date.....