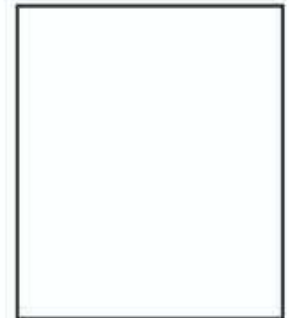# ADOL PAUL COLLEGE OF HEALTH TECHNOLOGY, UTUH
Application Form for Admission

Passport Photograph

SECTION A: PERSONAL INFORMATION

1. Full Name (Surname First): _____

2. Date of Birth: _____

3. Gender: [ ] Male   [ ] Female   [ ] Other

4. Marital Status: [ ] Single   [ ] Married   [ ] Other

5. Nationality: _____

6. State of Origin: _____

7. LGA of Origin: _____

8. Home Address: _____

9. Phone Number: _____

10. Email Address: _____

SECTION B: NEXT OF KIN DETAILS

1. Full Name: _____

2. Relationship: _____

3. Phone Number: _____

4. Address: _____

SECTION C: EDUCATIONAL BACKGROUND
WAEC/NECO Result (attach copy)

1. Exam Type: [ ] WAEC [ ] NECO [ ] NABTEB

2. Exam Year: _____

3. Subjects and Grades: _____

SECTION D: PROGRAM CHOICE

Select Preferred Program of Study:

[ ] Community Health Extension Worker (CHEW)

[ ] Junior Community Health Extension Worker (JCHEW)

[ ] Pharmacy Technician

[ ] Medical Laboratory Technician

[ ] Environmental Health Technician

[ ] Health Information Management [ ] Others (Specify): _____

SECTION E: DOCUMENTS CHECKLIST (Attach the following)

[ ] Recent Passport Photograph (2 copies)

[ ] Photocopy of Birth Certificate or Age Declaration

[ ] WAEC/NECO/NABTEB Result(s)

[ ] Testimonial from Last School Attended

[ ] Local Government Identification

[ ] Application Fee Receipt

SECTION F: DECLARATION

I, _____, hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to disqualification or withdrawal of admission if already granted.

Applicant's Signature: _____

Date: _____