



**ADEKUNLE AJASIN UNIVERSITY**  
PMB 001, AKUNGBA-AKOKO, ONDO STATE OF NIGERIA  
2022/2023 Undergraduate Biodata Registration Report



**Congratulations! Your biodata has been successful! Please await the notification of your screening result. Please contact the AAUA ICTAC if you need any clarification.**

**PERSONAL INFORMATION**

Surname	MUKAILA
Other Name(s)	Akeem Oladimeji
Registratio/Matric. Number	220404094
Personal Phone Number	09065436767
Personal Email Address	akanni.olas.6767@gmail.com
Date of Birth	1996-11-22
Mode of Admission	UTME
Faculty/Faculty admitted into	SCIENCE
Course of Study	COMPUTER SCIENCE
Present Level	100
Degree Sought	B.Sc.
Gender	MALE
Marital Status	SINGLE
Religion	ISLAM
Nationality	NIGERIAN
State of Origin	OSUN
Local Government Area	IREWOLE
Home Town or Village	IKIRE
Permanent Home Address	37 MOJOUN ZONE 1, IKIRE OSUN STATE
Postal Address	
Are you enjoying any scholarship	MOTHER
Details of Scholarship if any	
Off Campus Address (if any)	

**PREVIOUS INSTITUTION INFORMATION (IF ANY)**

Name of the Institution
Matriculation Number
Course of Study
Reason(s) for Leaving

**NEXT OF KIN INFORMATION**

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Name of Next of Kin	MUKAILA AZEEZ ADEMOLA
Phone Number of Next of Kin	08165771067
What Relationship has the Next of Kin with you?	SIBLING
Address of Next of Kin	37 MOJOUN ZONE 1, IKIRE OSUN STATE

**PARENTS/GUARDIAN INFORMATION**

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Father's Name	OLADEJO MUKAILA ALABI
Father's Phone Number	07061140070
Father's Occupation	TRANSPORTER
Father's Address	37 MOJOUN ZONE 1, IKIRE OSUN STATE
Mother's Name	MUKAILA WALIYAT
Mother's Phone Number	08167303058
Mother's Occupation	TRADER
Mother's Address	37 MOJOUN ZONE 1, IKIRE OSUN STATE

**SPONSOR INFORMATION (IF DIFFERENT FROM ABOVE)**

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Sponsor's Name	OLADEJO MUKAILA ALABI
Sponsor's Phone Number	07061140070
Sponsor's Occupation	TRANSPORTER
Sponsor's Address	37 MOJOUN ZONE 1, IKIRE OSUN STATE

**FOREIGN STUDENTS INFORMATION (FOREIGN STUDENTS ONLY)**

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Passport Number	
Date Issued	
Place where it's issued	
Passport Valued	
Expiring Date for Visa Residence	

**COUNSELLING UNIT INFORMATION**

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Type of Family	MONO
Number of Children in the Family	5
Position in the Family	3
Are your Parents living together?	YES
Reason for Separation (if no)	
Who is responsible for your Faculty fees Payment?	
State any other sponsorship you benefit from	MOTHER

**SPECIAL AND CONTINUOUS MEDICAL TREATMENT BEING RECIEVED/LIFE AMBITION**

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Description of the Treatment	
Where are you receiving the treatment?	
What is your life ambition?	TO BE A RENOWNED AND PROFESSIONAL PROGRAMMER
What personal effort(s) are you making to achieve your it?	LEARNING ONLINE AS WELL AS OFFLINE
Your other personal info useful to the couselling Unit?	

**SERVICE OR SOCIAL ACTIVITIES**

Name of Club/Activity	Post Held	Remark

**PREVIOUS ACADEMIC INFORMATION**

PRIMARY SCHOOL(S) ATTENDED	FROM	TO
EXCEL MODEL SCHOOL	2002	2008

SECONDARY SCHOOL(S) ATTENDED	FROM	TO
EXCEL PREMIER COLLEGE	2008	2014

TERTIARY INSTITUTION(S) ATTENDED	FROM	TO

**O/A LEVEL RESULTS INFORMATION**

		1ST SITTING	2ND SITTING
EXAM BODY		WAEC1	
EXAM NUMBER		4302115065	
EXAM YEAR		2014	
S/N	SUBJECTS	GRADE	GRADE
1.	CIV	3	
2.	ENG	6	
3.	YOR	4	
4.	MTH	3	
5.	AGR	6	
6.	BIO	4	
7.	CHE	4	
8.	PHY	5	
9.			

**UTME SUBJECTS INFORMATION**

MTH , ENG , CHE , PHY

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**[Qualifications checked by (Faculty Officer)]**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**[Endorsement of the Department Registration officer]**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**[Endorsement of the HOD]**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**[Endorsement of Dean of Student](Fresh Student Only)**

2022/2023

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**[Approval of the Registrar](Fresh Student Only)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date