

## NATIONAL HEALTH INSURANCE SCHEME STUDENTS REGISTRATION FORM

## TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE PROGRAM

## NAME OF TERTIARY INSTITUTION COLLEGE OF ADMINISTRATION, MANAGEMENT AND TECHNOLOGY POTISKUM

1. PERSONAL DATA:			
SALISU SULEIMAN SHAMAKI Full Name			
MOBILE PHONE NUMBER			MAT./REG. NUMBER
2/1/2000 DATE OF BIRTH	M SEX	SCIE	NCE AND ENGINEERING FACULTY
2020/2021 SESSION OF ADMISSION	2023 GRADUA	ATION	PART II LEVEL
salisusuleimanshamaki@gmail.d EMAIL	com	<u>Compute</u>	r Science DEPARTMENT
2. NEXT OF KIN:			
ALI SALISU SHAMAKI		MAMUDO STATE	O WARD VIA POTISKUM LGA YOBE
NAME 09023950363 NUMBER		0.7.112	ADDRESS
3. MEDICAL HISTORY:			
A. Diabetes			
B. Hypertension			
C. Epilepsy			
D. Sickle Cell  E. Allergy			

Date