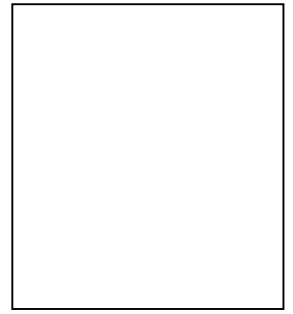




# DABOSS POLYTECHNIC IDOMINASI

OSOGBO-ILESAROAD, IDOMINASI, OSUN STATE  
PHONE NO: 09151464666, 09034644966, 07063824554



## **APPLICATION FORM**

### **TO THE APPLICANT**

1. All completed forms must be accompanied with photocopies of relevant documents and certificates
2. The completed form together with two envelopes and all other attachments should be sent to the Registrar of Daboss Polytechnic

### **SECTION A: PERSONAL DETAILS**

1. **FULL NAME:** \_\_\_\_\_

**Surname**

**other names**

2. Email Address: \_\_\_\_\_

3. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Nationality: \_\_\_\_\_ 7: state: \_\_\_\_\_ 8: L.G.A \_\_\_\_\_

9. Religion: \_\_\_\_\_ 10: Denomination: \_\_\_\_\_

11. Gender: \_\_\_\_\_ 12: Marital Status: \_\_\_\_\_

13. Maiden Name (where applicable): \_\_\_\_\_

14. Full Name and Address of Sponsor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Relationship: \_\_\_\_\_

(c) sponsor's Phone Number: \_\_\_\_\_



**SECTION C: DECLARATION**

**20. Candidate**

I solemnly declare that all the information provided above by me above is correct and true. I therefore accept responsibility for any inaccuracies and or falsification which DABOSS POLYTECHNIC may discover and consider grave enough to lead to the termination of my studentship at any time during my day in the Polytechnic or event to the withdrawal of any degree awarded based on the information. I promise to abide by all rules and regulations, including the payment of all prescribed fees.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date