

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:		
	Nationality:		
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 B: ACADEMIC RECORDS

NAME OF SCHOOL ATTENDED			PERI	PERIOD		IFICATION	
				FROM	- TO	ОВ	TAINED
6. Examinations	taken	with results					
WAEC/SSCE		GCE O'LEVEL		NECO		NABTEB	
SUBJECT	DE	SUBJECT	DE	SUBJECTS	DE	SUBJECT	DE
	GRADE		GRADE		GRADE		GRADE
EXAM DATE							
CENTRE							
EXAM NO							
				<u>I</u>		1	
7. Current JAM	B Detai	lls: Registration Nu	mber:				
		Subject Combin	ation: _				
							_
8. Programme o	f Choic	e FI	JLL TIN	€	DADZ	TIME	

19. PROPOSED COURSE OF STUDY: _____

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.

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Full Name	Signature	Date