N3,000

APPLICATION NO.....

20...../20.....

NEW PREMIER COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY DASS

MOTTO: Knowledge, Skills and Compassion

ADDRESS: No. 1 Kagadama, Dass Local Government Area, Bauchi State

GSM: 08132467966, 08064227768, 08138428094

EMAIL: newpremierchst@gmail.com

APPLICATION FORM FOR ADMISSION

Instruction: Read the attached brochure carefully before filling the form

PIX

SECTION A: COURSE APPLIED FOR

(Please tick as appropriate)

- ☐ * COMMUNITY HEALTH EXTENSION WORKER (CHEW)
- ☐ * HEALTH INFORMATION MANAGEMENT (HIM)
- ☐ * PHARMACY TECHNICIAN (PT)
- ☐ * PUBLIC HEALTH TECHNICIAN (PHT)
- ☐ * MEDIAL LAB. TECHNICIAN (MLT)
- ☐ * MEDICAL X-RAY TECHNICIAN (MXT)
- ☐ * DENTAL TECHNICIAN (DT)

SECTION B: PERSONAL DATA

1. NAME:

2. SEX: DATE OF BIRTH: AGE: MARITAL STATUS:

3. LGA: STATE: GSM: NATIONALITY:

SECTION B: CONTINUED

Name of Guardian: _____

Postal Address: _____

Permanent Address (If Different): _____

_____

SECTION C: EDUCATIONAL RECORDS

(Attached photocopies of all result certificates)

NAME OF INSTITUTION ATTENDED	YEAR		CERTIFICATE(S) AWARDED
	FROM	TO	
1.			
2.			
3.			
4.			

SECTION D: EDUCATIONAL RECORDS

(Attached photocopies of all result certificates)

S/NO	SUBJECT	GRADE	REMARK
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

SECTION E: EMPLOYMENT RECORDS *(If Employed, attached relevant photocopies)*

NAME OF EMPLOYMENT	YEAR		POSITION/RANK
	FROM	TO	
1.			
2.			
3.			
4.			

SECTION F: *(If any, to be signed by the sponsor)*

I/We declare that I/We shall be responsible for all tuition or any dues in respect of Mr/Mrs/Miss: _____ who applied for _____ Course in your institution

Signature:_____ Date:_____

Address in full: _____

Phone Number: _____

SECTION G: DECLARATION

I here declare and accept that:

a. The particulars given on this form to the best of my knowledge are correct.

b. If admitted in New Premier College of Health Science Technology, Dass shall regard myself bounded by the rules and regulations of the institution.

c. If at anytime the school is reasonable satisfied that any of the information I have given on this form is false or incorrect, I accept to be withdrawn or expelled from the school or be liable to prosecution or both.

d. No change of name after admission.

NB: Photocopies of all Certificate, Statement of Result must accompany this form as condition for consideration for admission.

All result presented will be verified and candidates discovered to have presented fake/forged result, shall not be considered and if admitted, shall be expelled.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

SECTION F

Payment Receipt and Teller No._____ **Date:**_____

Pre-test Score:_____

Course Applied for:_____

Recommended for/Not recommended for:_____

Signature of Chairman Admission Panel:_____ **Date:**_____