



# NORTH-SOUTH COLLEGE OF HEALTH TECHNOLOGY

AJASE-IPO, KWARA STATE, NIGERIA

(Approved by Kwara State Government and Accredited by National Regulatory Bodies)

HEALTH NATIONAL JOB TARGET  
(Established 2011)

## APPLICATION FORM FOR ADMISSION

FORM NO

FOR  ACADEMIC SESSION

### SECTION A: PERSONAL DATA

1.	Ful Name:		
2.	Date of Birth:	Sex:	Marital Status:
3.	E-mail	Phone No:	
4.	Local Government Area:		
5.	State of Origin		
6.	Home Address		

### SECTION B: PROPOSED COURSE OF STUDY *(Please tick only one box)*

1.	HND Environmental Health Technology	<input type="checkbox"/>
2.	ND Environmental Health Technology	<input type="checkbox"/>
3.	HND Health Information Management	<input type="checkbox"/>
4.	ND Health Information Management	<input type="checkbox"/>
5.	Diploma in Community Health (CHEW)	<input type="checkbox"/>
6.	Certificate in Junior Community Health (JCHEW)	<input type="checkbox"/>
7.	Diploma in Medical Laboratory Technician (MLT)	<input type="checkbox"/>
8.	Diploma in Pharmacy Technician	<input type="checkbox"/>
9.	Diploma in Biomedical Equipment Maintenance Technician (BEMPT)	<input type="checkbox"/>
10.	Diploma in Dental Surgery Technician	<input type="checkbox"/>
11.	Care Giver Certificate Course (6 Months Part Time)	<input type="checkbox"/>
12.	Certificate in Health Assistance	<input type="checkbox"/>
13.	Pre-Diploma/Certificate Health Course (1 Year)	<input type="checkbox"/>

### SECTION C: O/LEVEL/ OTHER RESULTS

S/N	SUBJECTS O/LEVEL	RESULT/ GRADE	S/N	SUBJECTS O/LEVEL	RESULT/ GRADE
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		

*(Please attach photocopy of result)*

### SECTION E: FOR OFFICE USE ONLY

Receipt No. for Application Form Fees: \_\_\_\_\_  
 Recommended / Not Recommended: \_\_\_\_\_  
 Registrar's Comments: \_\_\_\_\_  
 Registrar's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### SECTION D: DECLARATION

I,.....  
do hereby declare that the information given in this Form is correct. I understand that I will be liable for any information therein, and if it is later found to be false, incomplete or misleading, the College reserves the right to take appropriate disciplinary measure against me.

Signature of Applicant:

Date:

Signature of Parent/Guardian:

Date: