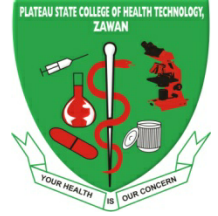




CHAPLAINCY COLLEGE OF HEALTH TECHNOLOGY, JOS



(AN AFFILIATE OF PLATEAU STATE COLLEGE OF HEALTH TECHNOLOGY, ZAWAN)

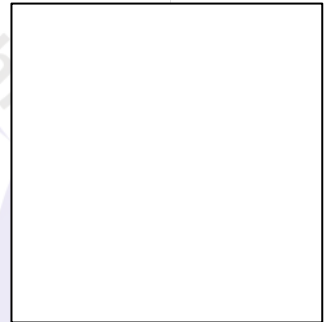
WORD OF TRUTH AND CHAPLAINCY OUTREACH RC

55961

YANTRAILER OFF BAUCHI RING ROAD JOS.

P.O BOX 188 GPO, JOS

APPLICATION FORM FOR ADMISSION



PROPOSED COURSE OF STUDY

Medical Chaplains /CHEW (COMMUNITY HEALTH WORKER - 3YEARS)

The form should be completed in the applicant's own handwriting and returned to the office of the registrar, Chaplaincy College of Health Technology Jos, to reach us not later than the advertisement closing date but for those online ; Scan the form and send with two RECENT passport photographs to info@collegeofchaplains.com

SECTION (A)

1. FULL NAME (in block capitals)

.....
(Surname First)

2. MAILING ADDRESS

.....
3. PERMANENT HOME ADDRESS

.....
(If other than No. 2 (2) Above)

4. SEX Male () Female ()

5. MARITAL STATUS: (Tick as Appropriate)

Single () Married () Widow ()

6. DATE OF BIRTH:

7. STATE OF ORIGIN: (i) Town:

(ii) District: (iii) LGA:

8. NATIONALITY: RELIGION:

9. NAME OF PARENT/GUARDIAN:

MAILING ADDRESS:

OCCUPATION:

10. NAME AND ADDRESS OF NEXT OF KIN (who should be contacted in case of emergency)

.....
.....
.....

SECTION (B)

11. LIST THE SECONDARY SCHOOLS OR COLLEGES ATTENDED IN ORDER OF YEARS

| NAME OF INSTITUTION | ADDRESS | FROM | TO |
|---------------------|---------|------|----|
| | | | |
| | | | |
| | | | |

SECTION (C)

12. EXAMINATION TAKEN WITH RESULTS:

Where the examinations are taken in more than two centres or more than two occasions, the applicant

must indicate correctly and clearly the centres used and the grades obtained in each attempt; enclosed officially certified Photostat copies of receipt and the credentials. If credentials are not available, request the examining body to forward them.

GENERAL CERTIFICATE OF EDUCATION GCE/WAEC/NECO O'LEVEL

| WAEC | | NECO | OTHERS | |
|-------------|-------|-------------|--------|-------|
| SUBJECT | GRADE | SUBJECT | | GRADE |
| EXAM DATE: | | EXAM DATE: | | |
| EXAM CENTRE | | EXAM CENTRE | | |
| EXAM NO. | | EXAM NO. | | |

13. EMPLOYMENT SINCE LEAVING SCHOOL:

- i. FROM TO
- ii. FROM TO
- iii. FROM TO

14. PROFESSIONAL COURSE OF STUDY UNDERTAKEN SINCE LEAVING SCHOOL.

GIVE DETAILS WITH RESULTS OF EAMINATION TAKEN

- i. FROM TO

ii. FROM TO

iii. FROM TO

SECTION D

15. SPONSOR BY:

ADDRESS:

PHONE NUMBER OF SPONSOR:

(In case of scholarship, attach evidence)

NOTE: If you are offered admission by the college, you will be required to pay your fees fully in advance before the commencement of lecture.

SECTION E

16. DECLARATION: I Hereby declare that the particulars given in this form are to the best of my knowledge and belief correct and that if admitted into the college, I shall regard myself bound by the act, statutes and regulations of the college, so far as they affect me. I understand that withholding any information required about my qualification(s) will make me ineligible for admission and enrolment.

I also understand that the college reserves the right to withdraw admission made in error and to cancel information or with-held information to aid my Admission.

The decision of the college on all matters pertaining to this application is final and no communication will be entertained on this matter from any candidates where application is successful.

SIGN: DATE:

FOR OFFICE USE ONLY

Receipt No. for Applicant Fee:

Date of Receipt:

Result of Application:

Date of Result Communicated:

