

${\bf DO}\;{\bf NOT}\;{\bf PAYFOR}\;{\bf THE}\;{\bf TEMPLATE}.\;{\bf DO}\;{\bf NOT}\;{\bf SUBMIT}\;{\bf THIS}\;{\bf TEMPLATE}\;{\bf TO}\;{\bf THE}\;{\bf REGISTRATION}\;{\bf CENTRE}.$

2025 DIRECT ENTRY REGISTRATION TEMPLATE

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A ESSENTIAL INFORMATION (inform	ation declared here must agree with NIMC)		
FILL THIS FORM IN CAPITAL LETTERS	PROFILE CODE:		
PIN:			
	First Name:		
Middle Name:Date of Birth:DD/MM/YYYYSex:			
Marital Status: Maiden Name if Married: Previous Name:			
GSM:			
Nationality:State of Origin:L.G.A:			
B OTHER INFORMATION			
Disabilities/Challenges: Blind Deaf	Dumb Albino Lame Others None		
Email Address:			
Contact Address:			
C CHOICES OF INSTITUTION (Candidates are to NOTE that their choices can be any Degree-awarding institution).			
1st Choice:			
Programme of study:			
2nd Choice:			
Programme of study:			
D A'LEVEL INFORMATION Institution Attended by Candidate:			
Awarding Institution:			
A'Level Subjects/Grade:			
Date of Graduation:Course:			
Grade: Qualification:			
Exam/Admission/Mat No.:			
Previous JAMB Reg. No. (ND/NCE/1stDegree):			
E O'LEVEL INFORMATION			
NAME OF SECONDARY SCHOOL ATTENDED:	No. of sittings:		
	WAEC,NECO,NABTEB SCHOOL/PRIVATE YEAR EXAM NOS		
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Isupplied the above information. Signature & Date:			
Candidate completed all fields Yes No FOR STAFF ONLY			
Processed by:Signature & Date:			
Remark:			