DO NOT PAY FOR THE TEMPLATE. DO NOT SUBMIT TEMPLATE TO THE REGISTRATION CENTRE.					
A       ESSENTIAL INFORMATION (information declared here must agree with NIMC)         FILL THIS FORM IN CAPITAL LETTERS       PROFILE CODE:         PIN:					
Surname:	Surname:First Name:				
Surname:     First Name:       Middle Name:     Date of Birth:					
Marital Status:Maiden Name <i>if Married</i> :Previous Name:					
GSM:State of Origin:L. G.A: Nationality:State of Origin:L. G.A: I have made corrections to my Biodata at NIMC after my last registration? YESNO					
B OTHER INFORMATION			3		
Disabilities/Challenges: Blind		Albino	ne Others	None	
Email Address:					
Contact Address:			11	18	
Preferred State of Exam:			Mock Exam?	YES NO	
Mock Exam State:		and the second se			
1st Choice (Degree/ND/NCE/IEI         Programme of study:         2nd Choice (Institution):         Programme of study:         3rd Choice (Institution):         Programme of study:         4th Choice (Institution IEI Only).         Programme of study:         4th Choice (Institution IEI Only).         Programme of study:         1.         USE OF ENGLISH		2.			
3.	10 m	4.			
E O'LEVEL INFORMATION NAME OF SECONDARY SCHOOL ATTENDED:					
O'LEVEL SUBJECTS	GRADE WAEC,NECC		DL/PRIVATE   YEAR		
1.		D,NABIED SCHOOL		LAAIVI NOS	
2.				Stan 1	
3.					
4	<u> </u>			<u> </u>	
6.					
7.					
8.					
9.					
Isupplied the above information. Signature &Date:					
Candidate completed all fields     Yes     No     FOR STAFF ONLY					
			-		
Processed by:Signature & Date:					
Remark:					