

CHERISH COLLEGE OF NURSING AND MIDWIFERY, BATSARI

Address: No. 6 Queen Amina G.R.A, Katsina, Katsina State. **Email:** cherishcollegenursingmidwifery@gmail.com

other names

Place of Birth: _____

Phone Number: 07067707512

APPLICATION FORM

For admission into Nursing and Midwifery Programme Session 20....../20......

Affix Two (2) recent passport photographs

Name: _____

First name

Date of Birth:

Gender:	Marital Status:						
State of Origin:	LGA:						
Phone Number:	Email Address:						
Name of Parent/Guardian:							
Address of Parent/Guardian:							
	Phone Number:						
EDUCATION DATA							
Name of School		From	То	Certificate Obtained			
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S/N	Subject	Grade	Exam No.	WAEC, NECO, NABTEB	Year
1.					
2.					
3.					
4. 5.					
6.					
7.					
8.					
9.					
	Primary School Ce	rtificate			
			So	olemnly declare tha	t all the information
rovide	d in this form are	accurate.			
ignatu	re of Applicant				Date
			FOR OFFICIAL I	<u>JSE</u>	
orm re	ceived by:			Post:	
he app	lication is APPRO	VED	NOT A	PPROVED	
S	 Signature			 Date	

PROGRAMME

Choose only one programme