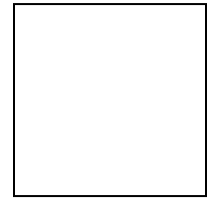


TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT



Attach photo

FIRST YEAR STUDENTS' REGISTRATION FORM – DEGREE/NON-DEGREE PROGRAMMES

NOTE:

- This form must be completed in duplicate by every first year student at the time of registration.
- When completed and certified by the Registrar, it will be retained to the Admission Office
- This form should be attached with copy of your Birth and Academic or Equivalent Certificates and Transcripts or any certification from NACTE or TCU

Department

Programme

1. Surname (or Last name) (Block Capitals) Mr/Mrs/Miss/Ms

2. First name (Block Capitals)

Middle names (Block Capitals)

(The names entered on this form must be the same as those on your letter of admission. These are the names appearing on your "O" level Certificate or equivalent documents offered as an entry qualification.)

3. Date of Birth
Day Month Year

4. Origin
Country Region District Nationality

5. Marital Status
(tick one) Married Single Divorced Widowed

6. Personal Contact Information a) Mobile Number: _____

b) E-mail _____

7 (a) Hostel Allocated _____

(b) IF off-Campus Give the Name of Residence: _____

8. (a) Were you a working person prior to admission? Yes/No. _____

(b) If yes, indicate your employer.....

9. (a) Name of Parent/Guardian _____ Relationship _____

(b) Postal Address _____

Mobile No. _____ E-mail Address: _____

(c) Occupation of this person _____

10. (a) Name of next of kin _____ Relationship _____

(b) Postal Address _____

Telephone No. _____ E-mail Address: _____

(c) Occupation of this person _____

11. Do you have any physical or communication disabilities?
Describe the type of disability you have:

12. Manner of entry to this Institute (*Tick whichever is applicable and attach the certificate and transcript copies to this form*)

- a. With Certificate of Secondary Education (Form IV) Qualification
- b. With Academic Transcript and Certificate (NTA level 4) or equivalent documents
- c. With Advanced Level Secondary Education (Form VI) Qualifications
- d. With Academic Transcript and Certificate (NTA level 5)
- e. With Academic Transcript and Certificate (NTA level 6)
- f. With Academic Transcript and Certificate Advance Diploma or Bachelor Degree (NTA level 8)
- g. Or With any other acceptable equivalent qualifications (*Should have support from NACTE or TCU*)

13. DECLARATION BY THE STUDENT

(Incorrect information may lead to serious consequences as stated in the Joining Instructions, i.e. cases of impersonation of documents or forgery whenever discovered, either at registration or afterwards, will lead to automatic cancellation of admission or Award offered).

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THAT ALL THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND I THEREFORE DO HEREBY UNDERTAKE:

- I. To obey all lawful authorities in the Institute to observe the regulations of the Institute
- II. To exercise discipline and also to promote the good name of the Institute.
- III. To study diligently and to seek the truth of knowledge.

Signature of Student..... Date:

14. CONFIRMATION OF FEE PAYMENT

Control No. _____ Amount Paid.....

I confirm that the due amount has been paid for One Semester Whole year (*tick whichever is applicable?*)

Accountant; _____ Date: _____

Signature and stamp

15. REGISTRATION OFFICER

I declare that on the basis of the documentary evidence available in respect of statements made in paragraphs 13 and all other aspects, the candidate is provided with registration number.....

.....
Name *Signature*

Date:

Official Stamp:

16. AUTHORIZATION TO ISSUE IDENTIFY CARD

This is to certify thatReg. No.has satisfied payment requirements for the issuance of a(Insert whether 'Semester' or 'Whole year') Identity card.

Full name and signature

.....
Name *Signature*

For: Registrar

Date:

Official Stamp:



**MEDICAL EXAMINATION FORM
TO BE COMPLETED BY MEDICAL OFFICER**

PERSONAL DETAILS

1. FULL NAME OF TRAINEE:.....
2. SEX: MALE/FEMALE:.....
3. AGE (Give date of birth).....
4. SEX
5. MARITAL STATUS:.....
6. PROGRAMME SELECTED.....

MEDICAL INFORMATION

- i. HB TEST:.....
- ii. STOOL:.....
- iii. URINE MIRCRO:.....
- iv. T.B TEST:.....
- v. EYE EXAMINATION:.....
- vi. E.N.T:.....
- vii. CHEST:.....
- viii. CHEST X-RAY:.....
- ix. ABDOMEN:.....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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

I certify that I have examined the above mentioned Candidates and consider that he/she is physically/not physically fit for training.

NAME

DESIGNATION

SIGNATURE.....

.....

STAMP

DATE:.....