



INNOVATIVE COLLEGE OF EDUCATION. KARU

Innovative Street, Along Ado Kasa, Off Abuja-Keffi Expressway,
New Karu P.O Box 20 New Karu, Nasarawa State

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Phone Number: +2348033344595, +2348037121524, +2349055555607



ADMISSION FORM FOR NCE PROGRAMME

Admission Number: Date of Purchase:.....

This Application form should be completed in block letters and returned to the office of the Registrar not later than two (2) weeks from date of purchase

A. PROPOSED COURSE OF STUDY:

B. MODE OF STUDY:

Full Time Part Time/Weekend Remedial

C. BIO-DATA

NAME: _____
Surname Middle Name First Name

Residential Address: _____

Gender: _____ Marital Status: _____

Date of Birth: _____ E-mail Address: _____

Nationality: _____ State of Origin (If Nigerian): _____

Phone Number: _____ Local Government Area: _____

D. PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Address (Mailing): _____

Phone Number: _____ E-mail Address: _____

Next of Kin/Sponsor: _____

Phone Number: _____

Address: _____

E. EDUCATIONAL INSTITUTIONS AND QUALIFICATIONS OBTAINED

Secondary School Attended: _____

Grades obtained at "O" Level: _____

Subject	Maths	English Language						
Grade								

F. DECLARATION

I.....the undersigned hereby declare that the particulars in this form are correct and accurate to the best of my knowledge. I also understand that withholding any information requested or providing false information about my qualification(s) makes me ineligible for admission into the college.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

G. ASSESSMENT OF CANDIDATE:

Qualified? YES NO

Fees Paid N..... Place of Purchase:.....

Admission Number: Date of Purchase:.....

Confirmed By Date

Name

Signature

Date