



# DLC KUCHIKAU

## ENTRANCE EXAMINATION REGISTRATION FORM

AFFIX  
PASSPORT  
PHOTO

ACADEMIC YEAR	CLASS
SURNAME:	OTHER NAME:
DATE OF BIRTH:	STATE OF ORIGIN:
LGA:	HOME TOWN:

RELIGION: CHRISTIANITY  ISLAM  OTHERS (specify)

RELIGIONS:  
DENOMINATION: CATHOLIC  ANGLICAN  METHODIST  PENTECOSTAL

OTHERS (specify)

PERMANENT CONTACT ADDRESS:

NAME OF PARENT(S)/GUARDIAN(S):

OCCUPATION:	GSM NUMBER:
VALID E-MAIL ADDRESS:	CENTER:

CANDIDATE'S SIGNATURE:

DATE:

FOR FURTHER ENQUIRY CONTACT: +234808324398/09064696331/08055958697

### FOR OFFICIAL USE

ACADEMIC YEAR:	DLC/ADM:	/
CANDIDATE SURNAME:		
OTHER NAME:		
PREFERRED EXAMINATION CENTER:	DATE:	TIME:

FOR FURTHER ENQUIRY CONTACT: +234808324398/09064696331/08055958697



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