



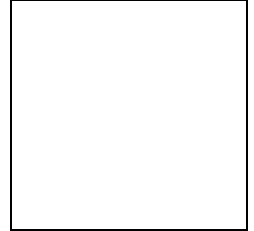
# AFE BABALOLA UNIVERSITY (ABUAD)

KM. 8.5, AFE BABALOLA WAY,  
ADO-EKITI, EKITI STATE, NIGERIA.  
P.M.B 5454 ADO-EKITI.

## POST UTME REGISTRATION FORM

**PLEASE ENSURE THAT ALL FIELDS ARE COMPLETELY FILLED**

1. Deposit slip No: \_\_\_\_\_
2. Bank Name: \_\_\_\_\_
3. Branch: \_\_\_\_\_
4. Name: \_\_\_\_\_  
SURNAME MIDDLE FIRST
5. Date of Birth: \_\_\_\_\_
6. Sex: \_\_\_\_\_
7. Nationality: \_\_\_\_\_
8. State of Origin: \_\_\_\_\_
9. Local Government Area: \_\_\_\_\_
10. Secondary School Attended with Date: \_\_\_\_\_



### 11.A EXAMINATION DETAILS

Examination:	
Year of Examination:	
Reg. Number:	
Subject (s)	Grade

### 11. B EXAMINATION DETAILS

Examination:	
Year of Examination:	
Reg. Number:	
Subject (s)	Grade

12. UTME Reg. No. / Score \_\_\_\_\_

13. Degree Applied For: \_\_\_\_\_

14. Email Address: \_\_\_\_\_ Mobile No: \_\_\_\_\_

15. Applicant`s Signature/Date: \_\_\_\_\_

NEXT OF KIN

A. Name: \_\_\_\_\_

B. Place of Work: \_\_\_\_\_

C. Nature of Work: \_\_\_\_\_

D. Relationship: \_\_\_\_\_

E. Phone Number: \_\_\_\_\_

F. Contact Address: \_\_\_\_\_

G. Signature/Date: \_\_\_\_\_