

ONLINE APPLICATION FORM



Founded in 2013

BILYAMINU OTHMAN COLLEGE OF EDUCATION DASS

Temporary Site

GOVERNMENT SCIENCE SECONDARY SCHOOL DASS

APPLICATION FOR ADMISSION SESSION 20 ____ / 20 ____

AFFIX RECENT
PASSPORT
PHOTOGRAPH

Office of the
Registrar,
Tel. 08039135289, 08022126314

CHOICE:

SECTION 'A' PERSONAL DATA

NCE PRE-NCE

1. FULL NAME OF APPLICANT: _____
Surname _____ Other Names _____
2. DATE OF BIRTH: _____
3. HOME TOWN: _____
LOCAL GOVT. OF ORIGIN: _____ STATE OF ORIGIN: _____
4. NATIONALITY: _____
5. PRESENT ADDRESS: _____
6. CONTACT ADDRESS: _____
7. PHONE NO.: _____
8. EMAIL ADDRESS: _____
10. MARITAL STATUS: _____ SEX: _____
11. a). NAME OF PARENT/GUARDIAN: _____
b). PLACE OF BIRTH: _____ L.G.A: _____ STATE: _____
c). SIGNATURE: _____

12.
PRIMARY SCHOOL

SECTION 'B' EDUCATIONAL SCHOOL ATTENDED WITH DATES

1. _____
2. _____
3. _____

