

UTME SCREENING REGISTRATION FORM

PLEASE ENSURE THAT ALL FIELDS ARE COMPLETELY FILLED

1.	Deposit slip No:	
2.	Bank Name:	
	Branch:	
	Name:	
	(Surname)	(Other Names)
5.	Date of Birth:	
6.	Gender:	
	Nationality:	
	State of Origin:	
9.	Local Government Area:	
10.	Secondary School Attended with Date	:

11.A DETAILS OF O'LEVEL RESULTS

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

11. B DETAILS OF O'LEVEL RESULTS

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

12. U	TM EXAMINA	ATION DETAILS(C	COMPULSORY)				
		-Facility Email:					
	UTME Login e-Facility Password:						
R	Registration Number:						
Y	Year of Examination:						
S	ubject(s)				Score		
$\frac{1}{2}$	Use of Eng	lish					
3							
4							
-							
to reg	gister for the UTN	-Facility email and Pas M Examination. e ABUAD as your	_				
	Yes()	or No()		<u> </u>			
	Choice	Institution		Course			
	1st Choice						
	2 nd Choice						
14. Degree Applied For/Course :							
_		NEXT	OF KIN				
A.	Name:						
В.	Place of Work:						
		α:					
		:					
		ss:					
G.	Signature/Date	e:					
FC	OR OFFICIAL U	JSE ONLY					
		Name, Signature	and Date				
	Checked By						
	Approved By						
	Remarks						
	1101111110	L					

NOTE: Attach photocopies of O'Level Results /JAMB Result/Birth Certificate and Receipt of purchase.

ANY FALSE DECLARATION RENDERS THIS FORM/ADMISSION INVALID