



# AFE BABALOLA UNIVERSITY ADO-EKITI

Km 8.5, Afe Babalola Way,  
P.M.B. 5454, Ado-Ekiti,  
Ekiti State, Nigeria.

## DIRECT ENTRY APPLICATION FORM

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

1. Deposit slip No: \_\_\_\_\_
2. Bank Name: \_\_\_\_\_
3. Branch: \_\_\_\_\_
4. Name: \_\_\_\_\_  
(Surname) (Other Names)
5. Date of Birth: \_\_\_\_\_
6. Sex: \_\_\_\_\_
7. Nationality: \_\_\_\_\_
8. State of Origin: \_\_\_\_\_
9. Local Government Area: \_\_\_\_\_

### 10.A DETAILS OF O' LEVEL RESULTS

### 10.B DETAILS OF O' LEVEL RESULTS

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

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

### 11. JAMB DIRECT ENTRY DETAILS

Direct Entry Login e-Facility Email	
Direct Entry Login e-Facility Password	
Direct Entry Registration Number	

**Note that the Direct Entry Login e-Facility email and password required are the details used by Candidates while registering on JAMB e-Facility Portal .**

12. Institution Attended with Date: \_\_\_\_\_  
 \_\_\_\_\_
13. Qualification: \_\_\_\_\_
14. Degree Applied For: \_\_\_\_\_
15. Email Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_
16. 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: \_\_\_\_\_

**NOTE:** Attach photocopies of O'Level Results/A' Level Result/JAMB Direct Entry Slip/Birth Certificate and Receipt of purchase.

**FOR OFFICIAL USE ONLY**

**HEAD OF DEPARTMENT RECOMMENDATION:**

I support ( ) /I do not support ( ) the candidate's admission.

Comment(s)	
Level Rcommended	
Name/Signature/Date	

**PROVOST' S RECOMMENDATION:**

I support ( ) /I do not support ( ) the candidate's admission.

Comment(s)	
Level Rcommended	
Name/Signature/Date	

**REGISTRAR'S COMMENT(S):**

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Date

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Registrar's Signature.

**ANY FALSE DECLARATION RENDERS THIS FORM/ADMISSION INVALID.**