

NT ADMISSIONS AND MATRICULATION BOARD

National Headquarters, Suleja-Bwari Road, Bwari, P.M.B 189, Garki, Abuja, **Application for Admission of Part-Time Candidates**Unified Tertiary Matriculation Examination (UTME)

(Completion of this form does not guarantee approval)

YEAR OF GRADUATION (PAST OR IN VIEW): SERIAL NUMBER ON THE GRADUATING LIST OF STUDENTS: NAME OF HEAD OF INSTITUTION: NAME OF REGISTRAR: Candidate's Signature/Date INDEMNITY: To be given (completed) by the Head of Institution I confirm the facts above and hereby indemnify JAMB against any inaccuracy of the claims contained therein. I affirm that if JAMB approves the Application for Admission of this Part-Time candidate, we will correct our record accordingly NAME OF HEAD OF INSTITUTION: Head of Institution's Signature/Date/Stamp OFFICE USE		Reg. (ITS) No: <u>007P</u>
SURNAME: **PATE OF BIRTH: **GENDER: **EMAIL: **CONTACT ADDRESS: **NATIONALITY: **STATE OF ORIGIN: **YEAR OF ENROLMENT: **NAME OF INSTITUTION WHICH ENROLED YOU: **CURRENT PROGRAMME (COURSE) NAME: MATRICULATION NUMBER: **YEAR OF GRADUATION (PAST OR IN VIEW): SERIAL NUMBER ON THE GRADUATING LIST OF STUDENTS: NAME OF HEAD OF INSTITUTION: NAME OF REGISTRAR: **CONFIRENT PROGRAMME **YEAR OF MATRICULATION: **CONTROL OF HEAD OF INSTITUTION: NAME OF HEAD OF INSTITUTION: NAME OF HEAD OF INSTITUTION: NAME OF REGISTRAR: **CONTROL OF HEAD OF INSTITUTION: **NAME OF HEAD OF INSTITUTION: **Head of Institution's Signature/Date/Stamp **OFFICE USE** Name of JAMB Staff **Department/Unit. Status of Request (Approved/Not Approved)	*REFERENCE NUMBER:	600
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Department/Unit	OFFICE USE Name of JAMB Staff	
Date/Sign	Status of Request (Approved/Not Approved	d)
		Date/Sign

NOTE:

- 1. The candidate pays a penalty of N5000 in addition to what he/she ought to have paid if he/she had processed legitimate application;
- 2. The indemnity is auto generated for indemnity by Institution;



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