



JOINT 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)

Reg. (ITS) No: 007P

*REFERENCE NUMBER:

CANDIDATE PERSONAL DETAILS

*SURNAME:

*FIRST NAME: MIDDLE NAME:

*DATE OF BIRTH: *GENDER: *MARITAL STATUS:

*PHONE: *EMAIL:

*CONTACT ADDRESS:

*NATIONALITY: *STATE OF ORIGIN:

*YEAR OF ENROLMENT:

*NAME OF INSTITUTION WHICH ENROLED YOU:

*CURRENT PROGRAMME (COURSE) NAME:

MATRICULATION NUMBER: YEAR OF MATRICULATION:

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

Name of JAMB Staff.....

Department/Unit.....

Status of Request (Approved/Not Approved).....

.....
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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