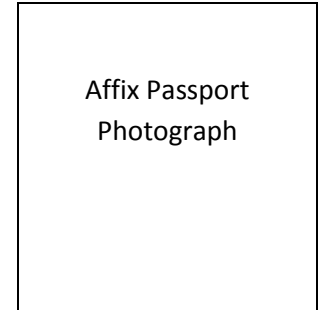


**ONDO STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY, (OSUSTECH), OKITIPUPA**  
**For Society and Development**



**SCREENING OF NEW STUDENTS 2016/2017 SESSION**

1. Full Names: .....  
(Surname First)
2. Faculty: .....
3. Mode of Entry .....
4. UTME/DE Registration No: .....
5. UTME SCORE/DE GRADES: .....
6. State your JAMB Examination Centre and Town: .....
7. Home Town..... Local Govt. Area .....
8. Permanent Home Address.....
9. Contact Address .....
10. Phone No .....
11. Date of Birth.....Sex.....Marital Status.....Religion.....
12. Name of Next of Kin.....
13. Address of Next of Kin: .....
14. **Names and Addresses of Schools Attended with Dates**
  - (i) Primary School: .....From: ..... To: .....  
Address: .....  
Qualification Obtained: .....

(ii) Secondary School: .....From: ..... To: .....  
Address: .....  
Qualification Obtained: .....

(iii) Other Schools: .....From: .....To: .....  
Address: .....  
Qualification(s) Obtained: .....

(iv) Have you ever being a registered student of a tertiary institution in Nigeria? If yes, state:  
(a) Name of Institution: .....  
(b) Course of Study: .....  
(c) Matriculation Number: .....  
(d) Period of Attendance: .....

**15. Health Status**

State if any ailment .....  
Medication Required .....  
State if any specific disability .....

**16. Attestation by students:**

**I affirm that all information given by me herein is true, that all documents submitted by me are authentic; I further aver that I have never been a member of any secret cult and that if any of the statements is found otherwise, my admission stands nullified.**

.....  
Full Names of Student

.....  
Signature & Date

**FOR OFFICAL USE ONLY**

17.

<b>Documents Submitted for Screening</b>	<b>Remarks</b>
(i) Original JAMB Result (for sighting) and four (4) photocopies	
(ii) OSUSTECH Post UTME Result Slip	
(iii) Original SSCE/GCE/NECO Statement Of Result (for sighting) and (4) photocopies	
(iv) Letter of Reference from reputable Clergyman/Lawyer/Senior Civil Servant	
(v) Original Birth Certificate (for sighting) and four (4) photocopies	
(vi) Original Testimonial from School (for sighting) and four (4) photocopies	
(vii) Medical Record of Fitness and Chest X-Ray	
(viii) Student's passport photographs Twelve (12) copies	

18. **Items Checked by:** .....

Full Name of Subject Officer

.....

Signature & Date

19. **Items confirmed by:** .....

Full Names of Countersigning Officer

.....

Signature and Date