# ADVANCE COLLEGE OF HEALTHCARE ADMINISTRATION AND MANAGEMENT (ACHAM), ABUJA, NIGERIA.

(Established by Act LFN 2004)

RC 1726971

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www.acham.com.ng email: achaminc60@gmail.com

S/NO: _____

## Admission Form

(To be filled by the Applicant)

Attach Passport photograph

Session: _____

Registration No: _____

Course applied for: _____

**SECTION A**

1. Name: _____
   (In **BLOCK** letters)
2. Date of Birth (DD/MM/YYYY): | | | | | | | | |
3. Gender: (Male / Female): _____
4. Mobile No: (i)_____(ii): _____
   (Whatsapp Number)
5. Email ID: _____
6. Nationality: _____State: _____
7. LGA: _____ Marital Status: _____
8. Permanent Address:_____
   _____
9. Correspondence Address:_____
   _____
10. Next of Kin: _____Relationship:_____

    Mobile No: _____

**SECTION B**

11. Educational Qualification

| S/N | Name/Address of the Institution | Year of Entry | Year of Graduation | Result Obtained |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12. The source by which you came to know about our Institution:
    Website ☐ Other Website ☐ Facebook Advert ☐ Google Search ☐
    Others_____
13. Academic Achievements (if any):_____
14. Your present occupation:_____
    (Government/Private Job/Self Employed/Business/Farmer)
15. Designation:_____
16. Nature of Business/ Profession:_____
17. Address of your Place of Work:_____

**SECTION C**

18. **Undertaking**s:I declare that the information given above is true, correct and accurate to the best of my knowledge. Any information that is found to be incorrect shall render my application void.

    _____ _____
    Signature Date

19. <u>List of documents to be attached with Admission Form</u>
    i. Photocopy of Birth Certificate or declaration of age
    ii. Photocopy of School Certificate (i.e. WASCE/ NECO/ NABTEB/ GCE O'LEVEL)
    iii. Photocopy of Degree or PGD Certificates.
    iv. Photocopy of NYSC Discharge Certificate or Exemption and/or Exclusion Certificate
    v. Two Passport size photographs (paste one on the form and one extra with white background)

    Note: It is the duty of applicant to request his former institution to forward his/ her academic transcript directly to our institution using the contact address on the website.

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***20. For official use only:*** *Candidate Admitted* *Candidate Not Admitted*

*Reason:* _____

*Handling Officer's name:* _____

*Signature:* _____ *Date*: _____