

IDANRE COLLEGE OF MANAGEMENT, SCIENCE AND TECHNOLOGY,(ICOMSTECH) ONDO STATE.

(University College)

Website: http://icomstech.org.ng	email: admission@icomstech.org.ng
APPLICATION FORM	M
APPLICATION NO: SESSION	Affix a recent passpo
JAMB NUMBER: FACULTY DEPARTMENT. PROGRAMME.	
TO THE APPLICANT i. All completed forms must be accompanied with photographicates.	photocopies of relevant documents and
ii. The completed form together with two self-address attachments should be sent to the College Registra	·
PERSONAL DETAILS	
1. SURNAME: OTHER NAMES.)
2. DATE OF BIRTH: 3. MARITAL STA	ATUS4 GENDER
5. MAIDEN NAME (If applicable):	
6. STATE OF ORIGIN8. LGA	9. NATIONALITY
10. RELIGION 11. DENOMINA	VATION

12. CONTACT ADDRESS:

13. E-MAIL ADDRESS	14. TELEPHONE NO::
15. PARENT/GUARDIAN'S NAMES & ADDRESS:	
E-MAIL:	RELATIONSHIP
16. FATHER'S/GUARDIAN'S PHONE NO:	MOTHER'S PHONE NO

ACADEMIC RECORDS

17. SECONDARY SCHOOLS ATTENDED WITH DATES

NAMES AND LOCATION OF SCHOOL	PERIOD	
	FROM	ТО

18. EXAMINATIONS TAKEN WITH RESULTS OBTAINED

WAEC SSCE 'O' Level		NECO 'O' Level		OTHERS	
SUBJECTS	GRADES	SUBJECTS	GRADES	SUBJECTS	GRADES
EXAM DATE	•	EXAM DATE	•	EXAM DATE	•
CENTRE		CENTRE		CENTRE	
EXAM NO:		EXAM NO:		EXAM NO:	

19.	CURRENT JAMB DETAILS:	REGISTRATION NUMBER:
		YEAR OF EXAMIMNATION:SCORESCORE

20.	DECLARATION:		
I			
I hereby declare that I don't belong to any secret cult, and I am not a homosexual and that I will never join in such evil acts, and, if I do, I subject myself to discipline in accordance to God's law and the code of conduct of the University.			
Full name	Signature Date		
	OFFICIAL USE ONLY		
No of Credits Checked By:	nission of Application		