ALL MUKHTAR E-REGISTRATION CENTER

NO 8 KASUWAR TAKARI GAMA BRIGADE KANO 08034231482, 08098923636

www.allmukhtar.com www.gtownsms.com

KANO STATE POLYTECHNIC TEMPLATE

FIRST NAME:_____

SURNAME: _____

OTHER NAME: _____

GENDER: _____ DATE OF BIRTH:_____

DATE OF BIRTH: _____ NATIONALITY: _____

STATE OF ORIGIN: _____ LOCAL GOVT. _____
ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

JAMB REG. NO. ..... Score: .....
Year : .....

Highest Qualification (Only for HND, HD & Advanced Diploma)

QUALIFICATION:_____ **GRADE:** _____

AREA OF STUDY: _____

SCHOOL ATTENDED: _____

FIRST CHOICE COURSE: _____

2ND CHOICE COURSE: _____

SSCE/GCE (WAEC, NECO, NABTEB ETC)

1ST SITTING		**2NS SITTING**	
EXAM NAME/YEAR_____/_____	**GRADE**	**EXAM NAME/YEAR_____/_____**	**GRADE**
1. **ENGLISH LANGUAGE**	_____	1.**ENGLISH**	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____
6. _____	_____	6. _____	_____
7. _____	_____	7. _____	_____
8. _____	_____	8. _____	_____
9. _____	_____	9. _____	

No Refundable After Any Payment, Thanks