ERCC COLLEGE OF HEALTH TECHNOLOGY, ALUSHI



EVANGELICAL REFORMED CHURCH OF CHRIST (ERCC) COLLEGE OF HEALTH TECHNOLOGY, ALUSHI

P.M.B 03, AKWANGA, NASARAWA STATE.

CONTACT: 08150777827, ercechtalushi@gmail.com, www.ercecht.com

Affix
One (1) Recent
Passport with
Name written
at the Back.

APPLICATION FORM FOR ADMISSION

| | IN BLOCK LETTERS | | Receipt No.: |
|----------|--------------------------------------|------------------------|----------------------------------|
| SECT. | ION A: PERSONAL DATA | | |
| 1. | Surname | First Name | Other Name |
| 2. | Date of Birth:/ | Sex: | Marital Status: |
| 3. | Nationality: | State of Origin: | |
| | LGA: | | Tribe: |
| 4. | Residential Address: | | |
| | | Permanent Address: . | |
| | | | Phone No. |
| 5. | Next of Kin's Name: | | Phone No. |
| | Address: | | |
| 6. | | | Phone No. |
| | | | |
| 7. | | | Phone No. |
| ,. | 1 | | Thome 1.0. |
| | | | |
| SECT | TION B: COURSE APPLYING FOR | R (Please pick) | |
| a. | Diploma in Community Health (CH | EW) | |
| b. | Diploma in Health Information Man | agement (HIM) | |
| c. | Diploma in Medical Laboratory Tech | nnician (MLT) | |
| d. | Certificate in Community Health (JC | CHEW) | |
| Note: | Your Aptitude Test and SSCE will als | o determine your Place | ement. |
| SECT | TION C: SPIRITUAL DETAILS | | |
| 1. | a. Are you a Born-again Christian? | Please tick) YES | NO |
| 2 | b. Church (Denomination) | NO A 72 72 | ou Under Church Penalty? YES NO |
| 2. | | | ou Under Church Penalty? YES NOl |
| 3. | • | | |
| 4. | • • | | Address: |
| _ | | | |
| 5. | | | ved? |
| 6. 7. | | | |
| , . | | | |
| | | | |

| TEETE E | ERCC COLLEGE OF HEALTH TECHNOLOGY | , ALUSHI IIII IIII IIII IIII IIII IIII IIII |
|---------|-----------------------------------|---|

| S/N | School Attended | Year | Qualification Obtained | | | |
|--|---|---------------------|-------------------------------|--|--|--|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| | | 1 | | | | |
| | <u>LARATION</u> | | | | | |
| | here | by declare that the | information given above | | | |
| is true | e to the best of my Knowledge and Belief. | ъ. | | | | |
| | Sign: | Date | : | | | |
| NOTE | | | | | | |
| 1. | Completed form is to be returned to the Administrative Block on/before the Interview date, with | | | | | |
| | One (1) photocopy each of SSCE/NECO/NABTEB result. | | | | | |
| 2. | | | | | | |
| 3. Each Candidate is to Bring an In-refundable fee of \$\frac{\text{\text{N1,000}}}{1,000}\$ on the Examination Day. | | | | | | |
| | Examination Date: - 20 th May, 2025 | | | | | |
| | Interview Date: - 21 st – 23 rd May, 2025 | | | | | |
| | Release of List of Successful Candidates: 23rd May, 2025 | | | | | |
| 4. | Successful Candidate who passed the written exams, is to come along with Originals of His/Her | | | | | |
| | credentials to the interview center. | | | | | |
| 5. | EXAMINATION/INTERVIEW CENTER: ERCC COLLEGE OF HEALTH TECHNOLOGY ALUSHI, | | | | | |
| | EFFI ROAD, AKWANGA. | | | | | |
| 6. | Each Candidate is to bring a LETTER OF RECOMMENDATION from His/her Church, duly | | | | | |
| | Signed and Stamped by the Reverend or Pastor of your C | hurch to the inter | view Center. | | | |
| 7. | Candidate should come along with Writing Materials during the Exams. | | | | | |
| | OFFICIAL USE ONL | Y | | | | |
| | Candidate Eligible for Training: YES NO | | | | | |
| | Date Offered Admission: | | | | | |
| | Receipt No.: | | | | | |
| | Remark: | | | | | |