

STUDENT MEDICAL REGISTRATION FORM

AFFIX 2
PASSPORTS
PHOTOGRAPH
HERE

SURNAME

FIRST NAME

OTHER NAMES

DEPARTMENT

REGISTRATION NUMBER

PHONE NUMBER

DATE OF BIRTH

SEX

PLACE OF ORIGIN

TRIBE

RELIGION

OCCUPATION

NEXT OF KIN / EMERGENCY CONTACT

NAME OF NEXT OF KIN

RELATIONSHIP

PHONE NUMBER

ADDRESS OF NEXT OF KIN

SIGNATURE & DATE

OFFICIAL STAMP