BAYERO UNIVERSITY, KANO

UNIVERSITY HEALTH CENTRE | STUDENT SERVICES

SESSION 2025/2026

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