



DELTA STATE COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY, OFUOMA-UGHELLI

ADMISSION APPLICATION FOR 2025/2026 ACADEMIC SESSION

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GENERAL INFORMATION	
PASSPORT PHOTO:	
YOUR ADMISSION PIN:	DEL28062554281143599067A
REGISTRATION NUMBER:	DSCHT/25/00694
UMTE REG. NO.:	NILL
UMTE SCORE:	NILL
TELLER NO:	NIL
BANK LOCATION:	NIL
PROGRAMME TYPE:	
PROGRAMME NAME:	NATIONAL DIPLOMA
SESSION:	2025/2026
FIRST NAME:	FAVOUR
MIDDLE NAME:	PEREZ
SURNAME:	GOLDPIN
SEX:	FEMALE
DATE OF BIRTH:	11 /04/ 2008
PLACE OF BIRTH:	UGHELLI
MARITAL STATUS:	SINGLE
LOCAL GOVT. AREA	BURUTU
TOWN	EKOGBENE
STATE OF ORIGIN:	DELTA
NATIONALITY:	NIGERIA
RELIGION:	CHRISTIAN
STUDENT'S PHONE NO.:	09121124361
EMAIL ADDRESS:	FAVOUR@GMAIL.COM
POSTAL ADDRESS:	NIL
HOME ADDRESS:	158 OTERI ROAD OTERI-UGHELLI
SPONSOR'S INFORMATION:	
SPONSOR'S NAME:	EDEMA MOSES
SPONSOR'S PHONE NO.:	08073119011
RELATIONSHIP OF SPONSOR:	UNCLE
SPONSOR'S ADDRESS:	44 ARO ROAD UGHELLI
COURSE APPLIED FOR:	
First Choice:	

PROGRAM:					
SCHOOL:	PUBLIC HEALTH				
DEPARTMENT:	PUBLIC HEALTH NURSING OFFICER				
Second Choice:					
SCHOOL:	MEDICAL LABORATORY				
DEPARTMENT:	MEDICAL LABORATORY TECHNICIAN				
RESULT(S):					
SCHOOL	EXAM	YEAR	EXAM NO.	SUBJECT	GRADE

**PLEASE SUBMIT THE FOLLOWING DOCUMENT(S) ALONG WITH THIS PRINT OUT TO THE ADMISSIONS OFFICE;*

1. SSCE Result(s)
2. Certificate Of L.G.A Of Origin
3. Birth Certificate/Age Declaration

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