



FEDERAL UNIVERSITY DUTSINMA, KATSINA STATE
www.fudutsinma.edu.ng

DIRECT ENTRY (DE) CANDIDATES SCREENING FORM FOR THE 2020/2021
ADMISSION EXERCISE

INSTRUCTION: You are required to complete this form honestly. Any false representation of information will nullify the form and may affect your admission and studentship in the University. This form should be submitted with Direct Entry (DE) JAMB Registration slip.

SECTION A - (PERSONAL DATA)

- 1) Name: Surname First Name Other Names
2) GSM No: 3) Email:
4) Date of Birth: 5) Place of Birth:
6) Nationality: 7) L.G.A:
8) State of Origin: 9) Religion:
10) Present Address:
11) Permanent Address:
12) Postal Address:
13) Gender: Male - [] Female - []
14) Marital Status: Single - [] Married - [] Divorce - [] Widowed - []
15) Next of Kin:
16) Phone No. of Next of Kin:

SECTION B - (TICK AS APPROPRIATE)

- 17) a) Have you ever been convicted in any Court of Law? Yes - [] No - []
b) If yes, State reason:
18) a) Have you ever been involved in Police case? Yes - [] No - []
b) If yes, state reason:
19) Do you smoke?
20)
21)
22)

- 23) Yes - [] No - []
 24) Do you take alcohol? Yes - [] No - []
 25) a) Do you take drugs not prescribed by a Doctor? Yes - [] No - []

- 22) a) Do you like tattoos? Yes - [] No - []
 b) Do you have any tattoo on your body Yes - [] No - []
 c) If yes, what type of tattoo?

.....
 23) a) Have you ever been expelled from a tertiary institution? Yes - [] No - []

b) If yes, state reasons for expulsion:

.....
 c) Name of the Institution:

SECTION - C (FILL AS APPROPRIATE)

(DE) - RECORDS

24) (DE) JAMB Registration Number:

25) Course of study Applied for:

'A' LEVEL RECORDS

26) Type of Qualification: ND - [] NCE - [] IJMB - [] OTHERS []

If others, state the type of qualification:

27) Name of Institution Attended:

a) Area of Study:

b) **Grade at (ND):**

Distinction - [] Upper Credit - [] Lower Credit - [] Pass - []

c) **Aggregate points at (NCE):** d) **Overall Score at (IJMB):**

SECTION - D

28) **Declaration:** I hereby declared that all the information given above by me is true and the University can take appropriate action if found any of the information to be false.

Candidate's Signature: **Date:**

SECTION - E (FOR OFFICIAL USE ONLY)

29) **REMARKS:**

Name of the Chairman of the panel:

Signature: **Date:**