

**COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY, ILE-ABIYE HOSPITAL,
P.M.B 5400, ADO EKITI, EKITI STATE**

DIOCESAN SCHOLARSHIP FORM FOR CHST 20— /20— SESSION



AFFIX
YOUR
PASSPORT

A. APPLICANT'S BIODATA

1. Name			
2. Date of Birth		3. Sex	
4. Local Govt.			
5. State of Origin		6. Phone No.	
7. Nationality		8. Religion	
9. E-mail Address			
10. Postal Address			

B. ACADEMIC QUALIFICATIONS AND DATES (ONE)

11. Details of Result

S/N	SUBJECTS	GRADES	Examination (NECO/WAEC/NABTEB)	Year	Examination No:
1					
2					
3					
4					
5					
6					
7					
8					
9					

C. CHOICE OF COURSE (TICK APPROPRIATELY)

AVAILABLE COURSES	TICK
Medical Laboratory Technician in Training (MLT Certificate) Programme	
Environmental Health Technology in Training (EHT HND) Course	
Environmental Health Technology in Training (EHT OND) Course	
Environmental Health Technician in Training (EVT Diploma) Course	
Environmental Health Assistants in Training (EHA Certificate) Programme	
Diploma in Health Information Management (HIM) Programme	
Diploma in Health Promotion and Education (HPE) Programme	
Health Technicians in Training (HTT) Diploma Course	
Health Assistants in Training (Medical option) (HAM) Certificate Course	
Dental Health Technician in Training (DT) Diploma Course	
Diploma in Food Hygiene (DFH) Programme	
Diploma in Biomedical Engineering Technicians in-Training (BME Professional) Programme	
Diploma in Orthopedic/Prosthetics/Plaster Cast Technician (OCT/POT) in Training Programme	
Diploma in Dispensing Optician (DO) in Training Programme	

D. PARENTS'/GUARDIAN'S BIODATA

Father's Name		PHONE NO:	
Address			
Occupation		Signature/Date:	
Mother's Name		PHONE NO:	
Address			
Occupation		Signature/Date:	
Parents Annual Income:			
Guardian's Name (For Orphans):		PHONE NO:	
Address			
Occupation		Signature/Date:	

E. COMMENT FROM APPLICANT'S PARISH PRIEST

Signature: Date:.....

F. FOR OFFICIAL COMMENTS:

Signature: Date:.....