

KWARA STATE POLYTECHNIC, ILORIN
(OFFICE OF THE RECTOR)
SECURITY UNIT
ELECTION SCREENING FORM "A"
SESSION 20...../20.....



PERSONAL DATA

NAME:

SEX:

INSTITUTE:

DEPARTMENT:

COURSE:

MATRIC NO:

SCHOOL FEES RECEIPT NO:

STATE OF ORIGIN:

LOCAL GOVT. AREA:

RESIDENTIAL ADDRESS AT ILORIN:

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ADDRESS OF PARENT OR GUARDIAN:

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NAME, ADDRESS & SIGNATURE OF NEXT OF KIN:

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H.O.D.'s COMMENT

ACADEMIC PERFORMANCE:

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EXTRA CURRICULAR ACTIVITIES:

OTHER COMMENTS: