

**KWARA STATE POLYTECHNIC, ILORIN**  
**(OFFICE OF THE RECTOR)**  
**SECURITY UNIT**

Election Screening Form "A"  
2020/2021



PERSONAL DATA

NAME: .....

SEX: .....

INSTITUTE: .....

DEPARTMENT: .....

COURSE: .....

MATRIC NO: .....

SCHOOL FEES RECIEPT NO: .....

STATE OF ORIGIN: .....

LOCAL GOVT. AREA: .....

RESIDENTIAL ADDRESS AT ILORIN: .....

.....

ADDRESS OF PARENT OR GUARDIAN:.....

.....

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: .....