



**OBA ADEMOLA II SCHOOL OF NURSING AND MIDWIFERY**  
**P.M.B 326, ABEOKUTA, OGUN STATE, NIGERIA**  
**ADMISSION APPLICATION FORM**  
**APPLICATION FORM FOR 2026/2027 ACADEMIC SESSION**

**STUDENT INFORMATION**

Form No: 00889

Name of Student:

Desired Course of Study:

Next of kin:

Sex: Male  Female

D.O.B:

Phone No:

Email:

L.G.A:

State Of Origin:

Permanent Home Address:

Current Qualification:

Sponsor's Details:

Sponsor Name:

Place of Work:

Phone Number:

**ATTESTATION**

I, \_\_\_\_\_ hereby declare that i am not a member of any secrete cult and that the information I have provided above is true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
STUDENT SIGN

\_\_\_\_\_  
PARENT/GUARDIAN SIGN

FIRST EXAMINATION SITTING: WAEC:  NECO:  NABTEB:  GCE:

EXAMINATION NUMBER:  EXAMINATION YEAR:

**SUBJECTS**

**GRADES**

1. English Language

2. Mathematics

3.

4.

5.

6.

7.

8.

9.

SECOND EXAMINATION SITTING: WAEC:  NECO:  NABTEB:  GCE:

EXAMINATION NUMBER:  EXAMINATION YEAR:

**SUBJECTS**

**GRADES**

1. English Language

2. Mathematics

3.

4.

5.

6.

7.

8.

9.

**FOR OFFICIAL USE ONLY**

NAME OF COORDINATOR: \_\_\_\_\_

COMMENT: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_