



**SCHOOL OF POST BASIC PSYCHIATRIC/ MENTAL HEALTH NURSING  
FEDERAL NEURO-PSYCHIATRIC HOSPITAL, YABA, LAGOS STATE,  
NIGERIA**

**APPLICATION FORM**

(Please Type in Capital Letters)



NAME: \_\_\_\_\_  
Surname First Name Middle Name

POSTAL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

ADDRESS OF NEXT OF KIN: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ LOCAL GOVT.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL ATTENDED WITH DATES: \_\_\_\_\_

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RELEVANT QUALIFICATIONS OBTAINED WITH DATE: \_\_\_\_\_

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(please Attach relevant documents)

PRESENT EMPLOYMENT: \_\_\_\_\_

PRERENT STATUS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Please supply a valid email for your correspondence)

SPONSOR: \_\_\_\_\_

REMITA PAYMENT VOUCHER CODE NO.: \_\_\_\_\_

DATE OF PAYMENT: \_\_\_\_\_

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**Declaration:-**

I \_\_\_\_\_ Here declare that the Information given above is true and complete.

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**Note:** *This submission is subject to consideration and valid entry shall be processed and your exam slips and detail shall be forwarded to your mail box. We advised that you continually check your email box.*

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