

AFRICA CENTRE OF EXCELLENCE
CENTRE FOR PUBLIC HEALTH AND TOXICOLOGICAL RESEARCH
UNIVERSITY OF PORT HARCOURT



ACF PI TOR

REGISTRATION NUMBER: _____

REGISTRATION FORM

PASSPOR
T PHOTO

1. SURNAME (BLOCK CAPITAL):

2. OTHER NAMES

3. FORMER NAME (IF APPLICABLE, EVIDENCE SHOULD BE ATTACHED):

4. DATE OF BIRTH:

5. PLACE OF BIRTH:

6. MARITAL STATUS:

7. NATIONALITY:

8. STATE OF ORIGIN:

9. PRESENT EMPLOYMENT:

10. PRESENT ADDRESS:

11. TEL. NO:

12. EMAIL ADDRESS:

13. CONTACT DETAILS OF NEXT OF KIN: Name: _____

Address: _____

Email: _____ Phone: _____

14. CONTACT DETAILS OF PHYSICIAN: Name: _____

Address: _____

Email: _____ Phone: _____

15. HISTORY OF (a) Disability Yes No (b) Allergen Yes No (c) Chronic Illness Yes No

16. Educational Institutions Attended, Academic Qualifications with Dates:

INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	GRADE & CGPA

17. Current Status: Student Employed Others (please give details)

18. Sources of Funding: Personal Government Organisation

None

19. Employment History

Year	Company	Position Held	Job Description

20. Prizes/Awards

Year	Prize/Award	Awarded by

21. Language Proficiency (insert A for excellent, B for good, C for average and D for poor)

Language	Spoken	Read	Written	Diploma/score/date

OFFICE USE

PAYMENT DETAILS					
PURPOSE	AMOUNT	BANK	TELLER NO	DATE	ACCT SIGN

ELECTIVES REQUIRED

COURSE TITLE	COURSE CODE	COURSE TITLE	COURSE CODE

Health record: _____

Other recommendations: _____

Completed Form should be returned to: The Centre Leader, Africa Centre of Excellence in Public Health and Toxicological Research (PUTOR), East-West Road, Opposite the Choba Area Police Command, University of Port Harcourt, Choba OR Email to aceputor@uniport.edu.ng, adminaceputor@uniport.edu.ng

www.aceputoruniport.edu.ng