



LTB CONSULT A LEVEL COLLEGE
87, ITIRE ROAD SURULERE LAGOS

WWW.LTBCONSULT.COM

STUDY@LTBCONSULT.COM

LTBCONSULTS@GMAIL.COM

234-8062439904 2349057190841

IJMB REGISTRATION FORM

APPLICATION FORM FOR A LEVEL PROGRAMMES IMPORTANT NOTICE: -

- A. Completed Application forms should be accompanied with 2 self-addressed envelopes with postage stamp affixed
- B. The original and a photocopy of the completed Application forms should be returned by hand to the IJMB coordinator, LTB CONSULT A LEVEL COLLEGE
- C. Wrong entry on the form may render it invalid
- D. A photocopy of receipt for this form must accompany the forms on submission

PART A

STUDENT'S BIO DATA

SURNAME:

OTHER NAMES:

GENDER.....

GSM NUMBER:

PARENT'S /GUARDIAN NUMBER.....

EMAIL.....

RESIDENTIAL ADDRESS:

LAST CLASS ATTENDED:

STATE OF ORIGIN: L.G.A.:

DATE OF BIRTH:

HOBBIES:



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PART B

ENROLMENT DETAILS

CHOICE OF COURSES/ PROGRAMMES AND SUBJECT COMBINATION:

Please mark the course of your choice and indicate the subject(s) combination you want to study see the enclose leaflet for list of possible subjects(s) combination available

PROPOSED COURSE OF STUDY	SUBJECT COMBINATION
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IJMB A'LEVEL

(e.g. Physics, Chemistry and Biology is the required subject combination for MB.BS) consult your adviser for proper guideline.

First Choice University:

First Choice Course of Study:Dept./Faculty.....

Second Choice University:

Second Choice Course of Study:Dept./Faculty.....

PART C

PREVIOUS ACADEMIC AND EXAMINATION DETAILS

Please Tick which of the certificate you possess.

WAEC/SSCE/GCE | NECO/NECO GCE | NABTEB _____



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Please write your Unlevel subjects and grades obtained in the box below.

EXAM NO.	SUBJECTS	GRADES	A/R	YEAR OBTAINED	EXAM NO.	SUBJECTS	GRADES	A/R	YEAR OBTAINED

PART D
DECLARATION

1. I hereby declare that all the information provided in this form is accurate and correct to best of my knowledge.
2. I further declare that any false or incomplete information given in this form WILL AUTOMATICALLY disqualify me from being considered for admission into the institute or continuing my course of study.
3. I shall accept as final the decision of the management of LTB CONSULT A LEVEL COLLEGE with regard to my venue of examination.
4. If admitted into LTB CONSULT A LEVEL COLLEGE I shall regard myself bound by the regulations of the institution.
5. I promise to pay my registration fees in full before the commencement of lecture/examinations.
6. I undertake to be of good behaviour throughout my stay in the institute.
7. I shall not do anything that will jeopardies the effectiveness of the institute's programmes.
8. I will serve as a good ambassador of my home by obeying all rules and regulations set by the institute in relation to the programme I am registering for, and I will not in any way constitute any problem that will affect the smooth running of the programme.
9. I understand that I could be asked to withdraw from the programme at any time if I fail to fulfill any or all of these conditions, and that in event of such withdrawal, all fees paid to the date is forfeited.



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- 10. I am aware that all fees paid in respect of the programme are non-refundable on withdrawal, irrespective of the circumstance for the withdrawal.
- 11. That I declare and accept to forfeit both the provisional Admission and Advance deposit of school fee paid, if I do not complete the payment by the agreed time. Written or swearing an affidavit to an Oat of Act of 1963.
- 12. If I fail to complete my registration procedure and through my negligence I am not registered for the examination I shall accept it in good faith and forfeit my total fees
- 13. This form is not transferable or negotiable
- 14. For any enquiry or further clarifications call any of over leave numbers.

.....
Student's Signature

.....
Date

PART E
ATTESTATION

I hereby attest that
..... the bearer of this form is well known to me
as..... (State the capacity in which the applicant is related to you). And all the information supplied
above is accurate to best of my knowledge. The attached photocopy is a true resemblance of the applicant.

Address:
.....
Occupation: Rank:
Contact No.: Email:
Signature: Date:

FOR OFFICIAL USE ONLY

Date Received..... Registration Number..... File No.....
Name & Signature of Officer.....
Officer Remarks.....
.....