



**BAGAFISHRI MARITIME SAFETY CENTRE IPAJA, LAGOS STATE**

**ADMISSION FORM**

**ADMISSION NO:**

PASSPORT PHOTOGRAPH

**BIO – DATA**

**NAME:** \_\_\_\_\_

Surname

First name

Middle name

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**LOCAL GOVERNMENT AREA:** \_\_\_\_\_

**SEX:** \_\_\_\_\_

**STATE OF ORIGIN:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

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

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

**EMAIL ADDRESS:** \_\_\_\_\_

## EDUCATIONAL QUALIFICATION

S/N	School Attended	Qualifications	Date

JOB EXPERINECE: \_\_\_\_\_

ARE YOU ALREADY WORKING: YES  NO

Are you ready to abide to the instructions, rules and regulations of the training center while on the training for one week? YES  NO

### DECLARATION:

I, \_\_\_\_\_ agree to follow all laid down procedures, rules and regulations guiding this course if training and if found wanting in any way your admission to run the course will be terminated.

### NOTE:

Pay training fee to the bank with the following account number: \_\_\_\_\_

Payable to Bagafishri maritime safety center, Ipaja, Lagos State and attach photocopies of the teller to this form and send original to the account of the training center for verification of payment with the bank.

- 12 passport photograph to be submitted
- Attach one certificate of medical fitness to this form from a recognized hospital.
- Attach all academic qualifications to this form.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**OFFICE USE**

Admitted YES  NO

Not admitted YES  NO

(reasons for not admitted: \_\_\_\_\_)

Training fee paid YES  NO

Medical Certificate of Fitness YES  NO

Passport photograph YES  NO

Academic Qualifications attached YES  NO

\_\_\_\_\_  
MD/CEO signature

\_\_\_\_\_  
Co-Ordinator signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_



