OASIS COLLEGE OF NURSING SCIENCES.

Plot 1538 Kuchiyako II District, Kuje Abuja.

NURSING PROGRAM ADMISSION FORM

2024/2025 ACADEMIC SESSION

Student Information:

First Name: _____

Last Name: _____

Gender: Female ☐ Male ☐

Date of Birth: _____ State of Origin: _____
L.G.A: _____ Nationality: _____

Phone Numbers: _____

Email: _____

Current Address: _____

Educational Qualification:

WAEC ☐ NECO ☐ JAMB ☐ Others ☐

Application Form payment information:

Approved by:
*Nursing and Midwifery Council of Nigeria.
*FCT Department of Higher Education

Form Fee: **~~₦~~15,000**

Bank: FCMB. Account No: 1019413208

Account Name: Oasis College of Nursing Sciences LTD/GTE

After payment, complete below payment information before submission.

Name on Payment Slip: _____

Payment Slip No: _____ Date: _____

SUBMIT COMPLETED FORM WITH PAYMENT SLIP VIA WHATSAPP TO **08037110788** (PDF COPY ONLY).

_____ _____

Student Signature *Date*