

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



THE WORLD BANK

No: *APPL/2024/PUTOR*

PASSPORT
PHOTO

APPL/2024/PDG/PUT/.....

APPLICATION FORM

*APPLICATION FOR ADMISSION INTO POSTGRADUATE DIPLOMA PROGRAMME
2024/2025 ACADEMIC SESSION*

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. Educational Institutions Attended with Dates and Academic Qualifications with Dates:

INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	GRADE CGPA

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

15. Sources of Funding: Personal Government Organisation None (please give details)

16. Employment History

Year	Company	Position Held	Job Description

17. Prizes/Awards

Year	Prize/Award	Awarded by

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

Language	Spoken	Read	Written	Diploma/score/date
English				
French				
Portuguese				
Others(s)				

19. Degree applying for:

20. Area of Specialization (if applicable):

21. Major Research Interest:

22. Study option: Full time Part-time

23. Candidate’s current place of work (for part-time student):

24. Position..... For how Long?

25. INTERESTS AND MOTIVATION

What professional, culture, sports and community activities do you participate

in?

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26. Have you held a position of responsibility? If yes, under what circumstances)

27. What type of career are you aiming for? (Please see instruction on preparing a statement of purpose)

28. Names, Addresses and Emails of three (3) Referees:

S/N	Name	Address	Email	Phone
1				
2				
3				

29. Declaration of Applicant

I hereby declare that the particulars which I have supplied are true to the best of my knowledge and belief. I am aware that withholding or giving false information automatically disqualifies me from gaining admission. If admitted to the University, I shall regard myself bound by the rules and regulations of the university.

Signature _____

Date _____

PROSPECTUS TELLER DETAILS				
NAME OF BANK	BRANCH/LOCATION	TELLER NUMBER	AMOUNT	DATE ON TELLER
ACCOUNT OFFICER'S SIGN:			DATE:	

Email: aceputor@uniport.edu.ng

Phone: +234(0)7018285531, +234(0)8129429447, +2348068891060 (Accounts)

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

Deadline for submission is Friday 7th February 2025