	CENTRE FOR I	AFRICA CEN PUBLIC HEALTH A UNIVERSITY ( CONTINUERSITY (	AND TOXICO	DLOGICAL RES								
	APPL/2024/PHD/PUT/	PPLICAT	ION FO	RM		SSPORT HOTO						
	APPLICATION	FOR ADMISSION I 2024/2025 ACAD										
1.	SURNAME (BLOCK CAPITAL):											
2.	OTHER NAMES											
3.	FORMER NAME (IF APPLICAB	LE, 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	~				1						
	INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	GRADRCGPA							
14.	Current Status: Student	Employed	Others	s (please give details)								
15.	Sources of Funding: Personal	Government	Organisation	None (please	give details)							
	Page <b>1</b> of <b>3</b>											

3.

### 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)				

Part-time

## 19. Degree applying for:

20. Area of Specialization (if applicable):

21. Major Research Interest:

22.	Study option:	Full 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)

Page 2 of 3

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

28.	Name	s, 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