



NOSAKHARE MODEL EDUCATION CENTRE

148, Upper Mission Road, Opposite Payne Primary School,
P.O.Box 7862 Benin City. Phone:052-250601

www.nomec.org. Email: director@nomec.org, registrar@nomec.org, principal@nomec.org

Entrance Examination

EE No. 6938

Passport

Year _____

1. Name of Applicant _____
2. Date of Birth _____ 3. Sex _____
4. Genotype _____ 5. Blood Group _____
6. Birth Certificate Issued _____
_____ Registration No: _____
7. Age Last Birthday _____
8. Father's Name _____
9. Mother's Name _____
10. Postal Address _____

11. E-mail Address _____
12. Business Address _____

13. Home Address _____

14. School Last Attended _____

15. Present Class _____
16. Transfer Certificate (if any) _____
17. Signature of Head Teacher _____ Date: _____
18. Signature of Parent _____ Date: _____

