

# BAUCHI STATE UNIVERSITY, GADAU

(OFFICE OF THE REGISTRAR: ACADEMIC DIVISION)

Our Ref: BASUG/RA/A.1/17/18/1



P.O. BOX 65,  
GADAU MAIN CAMPUS, ITAS/GADAU  
L.G.A, BAUCHI STATE, NIGERIA  
Website: www.basug.edu.ng  
E-mail: registrar@basug.edu.ng

## FORM A3

### MEDICAL EXAMINATION OF PROSPECTIVE STUDENT

#### FOR OFFICE USE

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Students are required to complete part I of this form and then pass it on to qualified Medical practitioner who will carry out Medical Examination and complete Part II of the Form. Thereafter, the form should be returned to the Registrar, Bauchi State University, Gadau.

The information supplied will be treated as confidential.

#### **Part I (To be completed by the Student)**

Full Name: _____	Sex _____
Date of Birth: _____	Marital Status _____
Number of Children: _____	State of Origin _____
Department of _____	Nationality _____
Faculty of _____	

#### **Personal Health History**

Have you ever been admitted into a hospital as an in-patient. [Yes]/[No]

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(If the answer is Yes, state reason, duration, name of the hospital and date.) Have you suffered from or do you suffer from any of the following:

Tuberculosis [Yes]/[No]	Epilepsy [Yes]/[No]
Hypertension [Yes]/[No]	Peptic Ulcer [Yes]/[No]
Pile [Yes]/[No]	Diabetes [Yes]/[No]
Diarrhea [Yes]/[No]	Gonorrhoea [Yes]/[No]
Hepatitis [Yes]/[No]	Please Specify [Yes]/[No]
	Please Specify _____

Have you been immunized against any of the following?

Cerebrospinal Meningitis (CSM)	[Yes]/[No] Date _____
Tetanus	[Yes]/[No] Date _____
Yellow Fever	[Yes]/[No] Date _____

Give further details of your health history not covered by above question:

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## FORM A3

### Part II (To be completed by the Doctor)

Height \_\_\_\_\_ Metres

Weight \_\_\_\_\_ Kilogramme

#### VISUAL ACUITY

Without glasses

R.6/6 \_\_\_\_\_

L6/6 \_\_\_\_\_

#### HEARING

Left \_\_\_\_\_

Right \_\_\_\_\_

Condition of ear drums \_\_\_\_\_

#### CIRCULATORY SYSTEM

Heart Sound \_\_\_\_\_

Pulse \_\_\_\_\_

Blood Pressure \_\_\_\_\_

#### RESPIRATORY SYSTEM

#### ABDOMEN

Liver \_\_\_\_\_

Spleen \_\_\_\_\_

Hernia \_\_\_\_\_

#### CENTRAL NERVOUS SYSTEM

#### URINE ANALYSIS

Albumen \_\_\_\_\_

Sugar \_\_\_\_\_

#### CHEST X-RAY

Any other comments by the Medical Practitioner: \_\_\_\_\_

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Signature: \_\_\_\_\_

Qualification : \_\_\_\_\_

Adress: \_\_\_\_\_

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## VERIFICATION OF REGISTRATION REQUIREMENTS

ITEMS	REMARKS	SIGNATURE OF VERIFYING OFFICER
Admission Letter		
Certificates		
Medical Certificate of Fitness		
Receipt for Deposit Receipt No _____		

CERTIFICATE(S) (O/L) INDICATE IN BRACKET TYPE & YEAR OF EXAM e.g Eng Lang. C5 (WAEC 2001)

S/NO	SUBJECT	GRADE OBTAINED	REMARKS (FOR OFFICE USE)
1			
2			
3			
4			
5			
6			
7			
8			
9			

\_\_\_\_\_  
SIGN. OF REGISTRATION OFFICER

\_\_\_\_\_  
SIGN. OF STUDENT & DATE

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FROM:

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TO:

The Registrar  
Bauchi State University, Gadau

## ACCEPTANCE OF OFFER OF PROVISIONAL ADMISSION FOR 2017/2018 ACADEMIC SESSION

I refer to your letter of offer of Provisional Admission reference number.....and wish to hereby accept the offer under all the conditions stipulated in the letter.

I note that the offer is in the department of ..... for a four year course leading to the award of Degree of the Bauchi State University, Gadau.

I have paid your Bursar's Office, the sum of .....Naira.....Kobo and obtained an official receipt with receipt number:..... on this day..... of....., 20.....

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Student's Signature

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Date

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## MATRICULATION OATH

I,

\_\_\_\_\_

of the Department of : \_\_\_\_\_

in the Faculty of: \_\_\_\_\_

- i. That I will abide by all the rules and regulations of Bauchi State University, Gadau.
- ii. That I will be loyal and obedient to the constituted authority of the Institution.
- iii. That the qualification(s) and other credentials claimed by me which formed the basis for my admission into the University is (are) to the best of my knowledge true and
- iv. That if at any time during my course it (they) is (are) found to be false, I will accept any disciplinary action which the University will deem necessary to take against me.

### **So help me God/Allah**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Course and Level of Study: \_\_\_\_\_

Expected year of completion: \_\_\_\_\_

Commissioner of Oaths: \_\_\_\_\_

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## **FORM A2**

### **STUDENTS OATHS FORM**

I, \_\_\_\_\_ of (home address): Bauchi State University, Gadau do make and swear as follows:-

1. That I have never been a member of any secret cult.
2. That I will not be a member of any secret cult.
3. That I make this declaration conscientiously believing the same to be true and in accordance with the Statutory Declaration Act, 1963.

\_\_\_\_\_  
Signature of Declarant and Date

Sworn to at \_\_\_\_\_ Registry this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Before me: COMMISSIONER FOR OATHS

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**FORM A4**

**STUDENTS NEXT-OF-KIN FORM**

*(To be completed in duplicate)*

Full Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality: \_\_\_\_\_  
State of Origin \_\_\_\_\_  
LGA: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Religion: \_\_\_\_\_  
GSM No.: \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
Department: \_\_\_\_\_  
Program of Study: \_\_\_\_\_  
Session: \_\_\_\_\_

Names and Address of two Next-of-Kin to be contacted in case of emergency:

1. Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
GSM No.: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
GSM No.: \_\_\_\_\_

Name and Address of Sponsor (if any):

\_\_\_\_\_  
\_\_\_\_\_

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## DRESS CODE

Indecent Dressing refers to any type of dressing that exposes the part of the body that, in most cases, cause reasonable people to frown at your person. It is mandatory on all students to comply the University's Dress Code. Failure to comply with the Dress code attracts appropriate disciplinary measure(s).

Practically, it is explained here under for you as follows:

### FOR FEMALE

1. Mini Skirts: Skirts that are above knees.
2. Tight Skirt/Trousers: Skirts and trousers that are too tight as to expose one's contours.
3. Short Tops or Blouses: Blouses so short that they expose the burst, tummy and public hair.
4. Spaghetti Hand Sleeve: Sleeves that would not cover the entire shoulder or is one-tenth to 1 inch wide exposing your shoulder and forearm.
5. Transparent Dresses: Dresses that expose your inner wears and debase womanhood.
6. One Hand Top/Blouse: Dresses that have only one hand thereby exposing the burst and armpit hair.

### FOR MALE

1. Braided Hair: Plaiting your hair like that of a woman.
2. Painted Nails: Applying nail polish on nails or allowing nails to be dirty and very long.
3. Sleeves Tops: Tops that are supposed to be used indoors or worn underneath shirts but are worn to classes and other places not meant for them.
4. Jerry Curling Hair: Applying chemicals on your hair to give it curling look as that of a lady.
5. Boxers: Shorts that are supposed to be used indoors for relaxation or worn underneath trousers which often times are placed above the trousers thereby making the person look irresponsible.

Indecent dressing is mark of irresponsibility and gives people the impression of your type of personality. In effect, the way you dress has a close relationship with your entire being. It is therefore, important that you pattern your life the way it would be beneficial to you now and in future.