



FORM NO.: EKSSB/PGC.....

EKITI STATE SCHOLARSHIP BOARD, ADO-EKITI

2023/2024 APPLICATION FORM FOR POST-GRADUATE

SCHOLARSHIP PROGRAMME (PHYSICALLY CHALLENGED) (MASTERS AND Ph.D DEGREE)

Staple Passport
Photograph. Write
your name and Form
Number at the back
at the back and
staple all 3 copies
securely.

GENERAL INFORMATION

- (a) The only acceptable FORM for this exercise is Form **EKSSB/PGC**.....
- (b) Each candidate must complete this form fully and correctly, and forward it through his/her Head of Department or employer, together with the necessary documents to reach the EXECUTIVE SECRETARY, EKITI STATE SCHOLARSHIP BOARD, ADO-EKITI on or before the advertised closing date.
- (c) Documents to be submitted with the completed application form are:
 - (i) Photostat copy of Letter of Admission to an institution for your course in Nigeria;
 - (ii) Photostat copy of Birth Certificate or statutory Declaration of Age and evidence of Change of Name by marriage or otherwise (if any);
 - (iii) 3 passport photographs of yourself duly signed on the reverse side by you (staple all 3 copies to space provided above);
 - (iv) Official transcripts for foreign certificate (if applicable); and
 - (v) Local Government Attestation.
- (d) Application submitted after the advertised closing date, or in correctly filled, or without the correct document will not be processed.

SECTION A

1. (a) Surname of Applicant:.....
(BLOCK LETTER)
 - (b) Other Names:.....
 - (c) Maiden Name (If applicable):.....
2. (i) Place of Birth:.....(ii) Date of Birth:.....(iii) Sex:.....
3. (ii) State of Origin:..... (ii) Town:.....
 - (iii) Local Government Area:.....
4. Married/Single/Divorced/Widowed/Separated (Circle as applicable)
5. (i) Number of Children:..... (ii) Ages respectively:.....
6. (i) Present Address:.....
..... (ii) Mobile Phone No:.....
(For the purpose of all correspondence)
7. Permanent Address (If different from 6 above):.....
8. Name and Address of Parent/Guardian:.....
.....
.....
(Please specify whether Father, Mother or Guardian)
9. (i) Occupation of Parent/Guardian as in 8 above:.....
 - (ii) Annual Income N.....
 - (iii) Other Property or Assets e.g Landed property, etc:.....

10. Name, Address, Mobile Phone Number and relationship to you of a person who can be contacted in case of emergency:.....
.....
11. (a) Name, Address and Mobile Phone Number of your Employer (if any):.....
.....
- (b) If in employment, State in what Capacity.....
.....
- (c) Name of your Bank and Account Number:.....
.....

SECTION B

- (a) Educational Record Photocopies of Certificates, Degree, Diploma, etc. must be attached.
- (b) Official transcripts must be attached to all unclassified certificates.

POST SECONDARY

12. (a) (i) Name of Examination Passed:.....
(ii) Major Subject(s):.....
(iii) Class of Degree:.....(iv) Date Obtained:.....
(v) Duration of Course:.....
(vi) Awarding Authority or Institution:.....
Name and Address:.....
.....
Country:.....
13. (i) Present status *[To be completed by applicants for Medical awards only. Delete any clause(s) not applicable]*:
(a) In a General Hospital or Private Clinic?
(b) In a Teaching Hospital but NOT in Training Post?
(c) In a Teaching Hospital and a Training Post? If so, specify level and stage attained.
(d) In Teaching Hospital and Training i.e Post FMC/FRC part 1 completed?
(e) Have you passed your primaries?
- (ii) For applicants of Ophthalmology only:

POST-QUALIFICATION MEDICAL APPOINTMENTS:

APPOINTMENTS (SPECIFY STATUS POST)	DATE	HOSPITAL/INSTITUTION	CERTIFIED BY

14. SECONDARY EDUCATION:

SCHOOL	PERIOD	
	FROM	TO

(b) Examinations Passed:

Names:..... Year:.....

Subjects with Grade:.....

.....

.....

SECTION C

15. Course of Study:

(i) Discipline:.....

(ii) Classification Number/Field of Specilization:.....

(iii) Qualification Desired:.....

16. ADMISSION: (Complete the details below about admission for your course)

(i) Name and Address of Institution where admitted:.....

(Please attach Letter of Offer of Admission)

(ii) Matric Number.....

(iii) Course for which admitted:.....

(iv) Expected Duration of Course:.....

(v) Are you already on the course for which you are applying?.....
(if yes, attach a copy of your current registration/Personal Data Form)

(vi) Expected Date of Completion of (iv) above:..

(vii) Are you resident in Nigeria?.....

17. Are you bonded or indebted to any organization, Government institution, employer, etc. if yes, please give details below. Also, attach a letter from the organization concerned that you will be allowed to take up the award if successful:

(i) Name and Address of Organization:.....

.....

.....

(ii) Amount or Value of Bond or Indebtedness N:.....

SECTION D

18. Give the names and addresses of two referees (not relatives). One of your referees must be the Head of Department of your present or last educational institution or your employer:

(i) Name:.....

Address:.....

(ii) Name:.....

Address:.....

(In block letters, please)

DECLARATION BY APPLICANT

I declare that, I am an indigene of Ekiti State of Nigeria and the statements made in this application are to the best of my knowledge correct and complete and that any statement found to be false may render me liable to forfeiture of any award.

..... 20.....

.....
Signature of Applicant

SECTION E

Applicants who are at present employed should have this section of the form completed by their present or last employer. Applicants who are neither employed nor in School should have this section completed by the Head of their last institution:

- (i) Name of Applicant:.....
- (ii) For how long has the applicant been in your employment or attended your School, College or University?.....
 - (a) If in employment, state in what capacity:.....
 - (b) Can you release the applicant to take up scholarship if offered? (Employers only)
.....

- (ii) I Certify that the statements made by the applicant in this form are to the best of my knowledge correct:

Name:.....

(In block letters, please)

Designation/Status:.....

Address:.....

Date:..... 20.....

.....
Signature and Official Stamp