



# D LEADERS INSTITUTE (DLI)

*(.....Raising Effective Leaders through Effective Teaching)*

A' Levels, O' Levels, Music Classes, Professional Classes

**ADDRESS:** KLM 7, Along Kwara Poly Road, Beside Oando Filling Station, Sango, Ilorin

**WEBSITE:** www.delightedleaders.com.ng

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**Call:** - 07031357624, 08106304441, 09098288266



## APPLICATION FORM FOR ADMISSION INTO ADVANCED LEVEL PROGRAMME

This form should be completed and returned with certified copies of certificate and other documents in support of the qualification(s) claimed by the applicant.



**PLEASE PRINT ALL ENTRIES WITH CAPITAL LETTERS**  
**PERSONAL INFORMATION**

**SURNAME:** - ..... **OTHER NAMES:** - .....

**SEX:** MALE ( ) FEMALE ( )

**MAIDEN NAME** (for married women only): .....

**MARITAL STATUS:** SINGLE ( ) MARRIED ( ) OTHERS ( )

**NUMBER OF CHILDREN:** .....

**DATE OF BIRTH:** .....

**NATIONALITY:** .....

**STATE OF ORIGIN:** .....

**LOCAL GOVERNMENT AREA:** .....

**MAILING ADDRESS:** .....

**PERMANENT HOME ADDRESS:** .....

.....

**NAME AND ADDRESS OF PARENT OR GUARDIAN OR NEXT OF KIN:**.....

.....

**TELEPHONE NUMBER:** .....

RELATIONSHIP WITH APPLICANT: .....

**ACADEMIC INFORMATION**

**INSTITUTION ATTENDANCE WITH DATES**

S/N	NAME OF INSTITUTION	FROM	TO	QUALIFICATION OBTAINED

NAME OF EXAMINATION (e.g. School Certificate, GCE, SSCE, Teacher Grade II): .....

.....

DATE OF EXAMINATION: .....

CENTER NUMBER: .....

EXAMINATION NUMBER: .....

NO	SUBJECT	GRADE
1		
2		
3		
4		
5		
6		
7		
8		
9		

**PROPOSED A'LEVEL SUBJECTS AND GRADES (TARGET).**

NO	SUBJECT	O/A LEVEL
1		
2		
3		

## DECLARATION

I ..... hereby declare that all the information given in this form is to the best of my knowledge and I believe they are true and correct. I agree that any false or incomplete information given in this form automatically disqualifies me from being considered for any **Advanced Level** examination.

.....  
Signature of Applicant

.....  
Date

I hereby confirm that this applicant, .....is known to me. The information supplied in his/her form is to the best of my knowledge, true and correct. The attached photograph, endorsed by me, is the true resemblance of the applicant.

**FULL NAME:** .....

**ADDRESS:** .....

**RELATIONSHIP WITH APPLICANT:** .....

**SIGNATURE:** .....

**DATE:** .....

**THE DOCUMENTS BELOW MUST BE SUBMITTED WITH THIS FORM.**

### FOR OFFICIAL USE ONLY

DOCUMENT RECEIVED	Mark (√) if submitted	Mark (x) if not submitted
	(√)	(x)
Two letters of attestation, one from your parent/guardian, and the other from your pastor/imam/solicitor		
O' level result(s) and other credentials		
Birth certificate/sworn declaration of age		
Receipts		

**Result of applicant:** ..... **Signed:** .....