



GOVERNMENT OF RIVERS STATE OF NIGERIA
RIVERS STATE SENIOR SECONDARY SCHOOLS BOARD
P.M.B 5243, PORT HARCOURT

1. NAME

SURNAME

FIRST

MIDDLE

2. LGA.....STATE.....

3. HOME TOWN.....PLACE OF BIRTH.....

4. DATE OF BIRTH:

DAY

MONTH

YEAR

5. MARITAL STATUS: SINGLE.....MARRIED.....

6. PHONE NO:.....EMAIL:.....

7. RESIDENTIAL ADDRESS:.....

8. EDUCATION

INSTITUTION ATTENDED	FROM	TO	QUALIFICATIONS

9. SignatureDate:.....