



# GOMBE STATE POLYTECHNIC, BAJOGA

P.M.B. 0190, GOMBE

OFFICE OF THE REGISTRAR

*Ag. Rector*

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Thursday, 10th March 2022

To: ABDULKADIR DENDELE HARUNA

## **OFFER OF PROVISIONAL ADMISSION 2020/2021 SESSION**

With reference to your application for admission into this Polytechnic as a student, I have the pleasure to inform you that you have been offered provisional admission into the department of **Computer Science** in the **SCHOOL OF SCIENCES** to undertake a two (2) year **ND in Computer Science (Stream B)** programme.

1. The offer is subject to the confirmation of your suitability as a student on the basis of the qualifications listed in your application form. You will therefore be required to produce the originals of your Certificate(s) Statement of Results. Candidates who obtained their O' level results in the year 2019 or earlier, only their original certificates will be accepted for registration.
2. Please note that if at any time after your registration it is discovered that you do not possess the qualification(s) on the basis of which you were offered admission, or you gave any other false information in your application form you will be required to withdraw from the Polytechnic.
3. You will be required to have been declared medically fit by a qualified Medical Practitioner acceptable to the Polytechnic before you are allowed to register. The attached Medical Examination form should therefore be duly completed by such a qualified Medical Practitioner and returned by you before registration.
4. Only limited Medical facilities are available for student in the Polytechnic Clinic. Students are therefore advised to make adequate financial arrangement for medication/hospitalization in case(s) of major ailments.
5. You are to report for screening and registration on **28th March, 2022 to 15 April, 2022.**
6. You must be decent in your mode of dressing and as such no loose, weird, seductive or provocative mode of dressing is allowed.
7. You must obtain clearance from the department before making any payment as there would be no refund of fees after issuance of receipts.
8. **Payment of fees must be made in full.** This offer of admission is provisional and can be withdrawn at any time. If you accept this offer under the above stipulated conditions, please proceed to the department for your clearance. Accept my hearty congratulation.

Barr. Sa'idu Muhammad Wade

(Ag. Registrar)



(Academic Division)

## REGISTRATION PROCEDUES FOR NEWLY ADMITTED STUDENTS.

1. Admitted candidates should download their admission letters from the school portal – **[www.gspb.edu.ng](http://www.gspb.edu.ng)** and report to their respective **Head of Departments** for screening/clearance presenting the original copies of their result(s) and other credentials.
2. Candidates should proceed to **MIS/ICT Unit** with the clearance (Obtained from 1 above) for **online clearance**.
3. Candidates should login to their portal for payment of their school fees (use your Application Number as user name and Password as “password”). If you are not cleared on the portal, you won’t be able to make payment for registration fees and course registration. **NB: Candidates who wish to use the Bank branch option should print the Payment Reference number generated and proceed to the Bank for payment or you can use your ATM Card or Bank Transfer to make your payment online.**
4. After payment, your **REGISTRATION NUMBER** is now generated and printed with your Payment Slip.
5. Proceed to the Bursary Department: submit your payment slip and collect receipt of payment duly signed.
6. proceed to the Polytechnic’s Medical Centre for medical evaluations using the forms collected downloaded with the admission letter.
7. Return to MIS/ICT Unit for collection of your registered courses and Proceed to your various departments/schools for Signing of HOD, and Class adviser on your registered courses.
8. Make three (3) copies of all downloaded and correctly filled forms/receipts/credentials and proceed to the Academic Office for validation. **(Your registration will only be considered valid when you are validated by the Academic Office).**
9. Proceed to the security unit for issuance of a temporary ID Card.
10. Make three (3) copies of your temporary ID Card, put it in the 3 files: submit two at the Academic Office and One at your Department for final documentation.

Signed:

Barr. Sa’idu Muhammad Wade  
(Ag. Registrar)



(Academic Division)

The Registrar

Gombe State Polytechnic,

P.M.B 0190, Bajoga.

### LETTER OF ACCEPTANCE

I \_\_\_\_\_

hereby accepted the offer made to me to pursue \_\_\_\_\_ as per

your letter of admission REF No: \_\_\_\_\_.

Dated: \_\_\_\_\_.

I promised and undertake to complete the course and obey the rules and regulations of the Polytechnic and instructions which the Polytechnic or its representative may from time to time (to issue). I understand that I may not be allowed to change my area of study.

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

Department/Course of

Study: \_\_\_\_\_

Date: \_\_\_\_\_



Office of the Registrar, Academic Unit

Gombe State Polytechnic,

P.M.B 0190, Bajoga.

### SCHEDULE OF REGISTRATION FEES

Item	Amount
Registration	2000.00
Library	1000.00
Technology Fee	2000.00
Examination	2000.00
Medical Fee	3000.00
Games	1000.00
Caution Deposit	2000.00
Practical	1500.00
Facility Development Fees	1500.00
Entrepreneurship Development	3500.00
Tuition (Indigenes)	5000.00
Total	24500

**GOMBE STATE POLYTECHNIC, PMB 0190 BAJOGA**  
*(OFFICE OF THE REGISTRAR)*

**MEDICAL EXAMINATION FORM OF PROSPECTIVE STUDENT**

Students are requested to complete part of this form and then pass it on to a 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, Gombe State Polytechnic, Bajoga. 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:..... Nationality:.....  
School: .....

Personal Health History

Have you ever been admitted into a hospital as an in-patient (Yes/No) (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]	Gonorrhea [Yes] [No]
Hepatitis [Yes] [No]	Any other disease [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 questions:

.....  
.....  
.....

**Part II (To be completed by the Physician)**

Height..... miters

Weight.....Kilogram's

**VISUAL ACUITY**

Without glasses

R.6/6.....

L.6/6.....

**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:.....

Address:.....

**FOR OFFICE USE**

.....

.....

**GOMBE STATE POLYTECHNIC, BAJOGA**

**P.M.B 0190, GOMBE  
(OFFICE OF THE REGISTRAR)  
FORM A4  
STUDENTS NEXT-OF-KIN FORM**

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 Addresses 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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