

Please fill-in the following forms as directed.



**POSTGRADUATE SCHOOL
NIGERIA DEFENCE ACADEMY, KADUNA**

**CONFIDENTIAL REPORT ON A CANDIDATE FOR POSTGRADUATE
ADMISSION**

SECTION ONE (To be completed by the applicant)

1. Name:
(Surname first, in block letters)
 2. Address:
.....
 3. Degree in view:
 4. Candidate's former University.....
 5. Year of graduation
-

SECTION TWO (To be completed by the Referee)

The candidate, whose name is given above, wishes to undertake postgraduate studies in this Academy. We shall be grateful for your comments on the candidate's suitability. Your comments will be treated as strictly confidential. Please return the completed form direct to the Secretary, Postgraduate School, and Nigerian Defence Academy. PMP 2109, Kaduna.

6. How long, and in what capacity, have you known the applicant?
.....
.....
7. Please comment on the candidate's suitability to undertake postgraduate studies in the proposed field with reference to his/her intellectual ability. Capacity for persistent and independent academic study as well as ability for imaginative thought.
.....
.....
.....

.....
8. Please indicate by a Brief statement whether you consider the candidate's proficiency in English language (Written and spoken) sufficient to enable him/her cope with the rigours of study and research.

.....
.....
9. Please rank the candidate academically among the students you have known (underline whichever applies).

Top 10% Top 25% Average Lower 25% Lowest 10%

10. Please comment on the candidate's personality with regard to his/her moral character, emotional and physical stability.

.....
.....
.....
11. If the candidate were applying to your institution, will you feel able to accept him/her as a research student?

.....
.....
.....
12. Comment freely upon the candidate.

.....
Name of Referee

.....
Rank/Profession of Referee

.....
Signature of Referee

.....
School or University

.....
Date

Address



STATEMENT ON PROPOSED AREA OF RESEARCH

Title of Thesis

DESCRIPTION

This image shows a full page of white paper with horizontal dotted lines, typical of primary school writing paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**POSTGRADUATE SCHOOL****NIGERIA DEFENCE ACADEMY, KADUNA****MEDICAL REPORT**

1. Name Age..... Sex..... Marital Status
2. Address Nationality.....

MEDICAL HISTORY

(To be completed and Signed by the Candidate before visiting the Physician)

3. Have you, to the best of your knowledge, ever had any of the following? (Answer Yes or No)
 HERNIA..... VENERAL DISEASE CHOLERA ABNORMAL BP..... . STOMACH
 DISORDER..... MENTAL DISORDER SMALL POX..... DISBETIS HAY
 FEVER..... HEART DISEASE ARTHRITIS ASCIATICA ASTHMA.....
 TYPHOID DISEASEOF THE NERVOUS SYSTEM GOITRE CANCER
 MALARIA FEVER RHEUMATIC FEVER PARALYSISRECTAL
 DISEASE.....INTESTIANL DISORDERKIDNEY OR GENITO-ORINARY
 DISEASE..... APPENDICITIES..... PNEUMONIA PROSTATE GALL
 BLADDER..... TUBERCULOSIS.....
4. If you have answered Yes to any of the above, give nature, date, period of disability, and result

5. When and for what injury or sickness have you ever been under observation or had medical/surgical
 advice/treatment or have been hospitalized/confined in the last five years?

6. To the best of your knowledge and b belief, are you in good health and free from physical impairment or
 deformity? (If no, give full particulars)

Signature of candidate.....

Date.....

MEDICAL EXAMINATION

(To be completed and signed by a Physician)

7. Medical Examination

Height Weight Head Nose Eyes
Ears Neck Pharynx Reflexes Heart
Abdomen Hernia

8. Comment in full on the condition of the candidate's lungs (including chest x-ray
.....
.....

9. Do you believe that the student is physically able to undergo a full course of study involving long hours of academic work at postgraduate level? YES NO

10. In your opinion, are the candidate's health and physical conditions
EXCELLENT GOOD FAIR POOR (tick as appropriate)
Has the student been vaccinated against small pox? YES/NO DATE (if Yes)

ATTESTATION BY PHYSICIAN

11. Remarks
.....
.....
.....
.....
.....

12. Name.....

13. Address.....

14. Qualification

15. Signature..... Date.....

When completed, please seal this Medical Report in the envelop provided by the candidate and forward it to the Secretary, Postgraduate School, Nigeria Defence Academy, Kaduna.



**POSTGRADUATE SCHOOL
NIGERIA DEFENCE ACADEMY, KADUNA**

APPLICATION FOR TRANSCRIPT

Date.....

Please complete this form and attach it to your request for academic transcript from your previous University.

1. Name in full
2. Admission/NDA Number
3. Year of Admission/Regular Course Year of Graduation.....
4. Faculty/ College Department.....
5. Postgraduate course in view.....

This form, along with the transcript, should be sent urgently to:

The Secretary
Postgraduate School
Nigerian Defence Academy
PMB 2109
KADUNA



**POSTGRADUATE SCHOOL
NIGERIA DEFENCE ACADEMY, KADUNA**

Name.....

Address.....

.....

.....

.....

.....

(The above information is to be supplied by the candidate)

Dear Sir/Madam

**ACKNOWLEDGMENT OF APPLICATION FOR
POSTGRADUATE ADMISSION**

1. Your application for admission has been received and is presently receiving attention.
2. You should inform the Secretary, Postgraduate School, if your address changes before October 2015
3. You should quote the above application number and course applied for in any communication concerning your application.

Yours faithfully

SECRETARY PG SCHOOL