



UNIVERSITY OF MAIDUGURI
(Office of the Registrar)

UNDERGRADUATE/DIPLOMA IDENTIFICATION CARD REQUEST FORM
(Please write legibly and in CAPITAL LETTERS)

Identity Number: _____

Name: _____
(First Name) (Middle Name) (Surname)

Faculty: _____ Department: _____

Course: _____ Year of Graduation: _____

Nationality: _____ State of Origin: _____

Blood Group: _____

Name of Next of Kin: _____

GSM No. of Next of Kin: _____

Student Signature: _____

Please sign within the box

(To be Completed by the Head of Department)

I certify that the above named is a registered student of the Department and that the particulars given above are correct. Please stamp on your signature and across the student's passport.

Name: _____ Signature: _____

Date: _____

(To be completed by MIS ID Card Processing Personal)

I certify that the above named was issued with his/her Identification card no _____

Officer's Name: _____ Signature/Date: _____

NB: Attach a copy of your admission letter and payment receipt