

CANDIDATE IDENTIFICATION FORM

FINAL EXAMINATION SEMESTER I / II ACADEMIC SESSION : ____/

Name :	Index No. :	
Identity Card No. / Military No. :	Matric No.:	
Date of Examination:	Venue of Examination :	
Time of Examination :	Name of Course :	
Signature of Candidate :	Course Code :	
FOR CHIEF INVIGILATOR/INVIGILATOR USE		
Comment :		
Name & Signature :		Date :
FOR EXAMINATION AND GRADUATION UNIT, BPA USE		
		T
Name & Signature :		Date :
This form must be submitted to Examination and Graduation Unit, BPA.		