

UEC COLLEGE OF NURSING, OCHADAMU

NAME: _____

INTERNAL REGISTRATION

DATE: _____ **2025**

S/NO	DEPARTMENTS	FINANCIAL IMPLICATION (IF ANY)	SIGN REGISTRATION OFFICER	REMARK
1.	Bursary (Payment of school fees)			
2.	Library (Library Registration)			
3.	Medical Surgical			
4.	Behavioural Science			
5.	FON			
6.	FCN	5 ,000		
7.	General Studies			
8.	ICT			
9.	SHOE	8,000		
10.	Basic Science			
11.	Reproductive/PHC			
12.	Administrative (Stationary)	20,000		
13.	Sick Bay (Register for sick bay)			
14.	Hostel (Allocation of Room)			
15.	SUG	5000		