



## UNITED EVANGELICAL CHURCH COLLEGE OF NURSING, OCHADAMU

**P.M.B. 1003 EJULE, KOGI STATE, NIGERIA**

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### DECLARATION/UNDERTAKING

This is to certify that I (Mr./Mrs./Miss) \_\_\_\_\_  
\_\_\_\_\_ undertake to abide by the RULES and REGULATIONS binding  
the students of the College/Holley Memorial Hospital Ochadamu during my period of training.

I therefore agree to be bonded by these Rules and Regulations and hereby append my name and signature  
below:

Student's Name -----

Signature -----

Date -----

WITNESS

Name -----

(Parent/ Guardian/Husband/Sponsor)

Signature -----

Rank/Title -----

Date -----