

**NOTICE ON DEPLOYMENT OF ONLINE PAYMENTS
VIA INTERSWITCH**

This is to formally notify the entire Students and Staff of the Nigerian Baptist Theological Seminary, Ogbomoso that with effect from the 2021/2022 academic session (June/July 2021 for Sandwich and August 2021 for Residential programmes), payment of school fees and other dues would be made online.

All payments should be made on or before the resumption date for each programme as follows:

- (a) **Year One Students:** Acceptance Fee, Medical Test and at least **70%** of the stipulated fee for the session must be paid and the balance of **30%** must be paid at the commencement of the Second Semester.
- (b) **Returning Students:** A minimum of **50%** of the stipulated fee must be paid at resumption for the First Semester and the balance should be paid on or before the commencement of the Second Semester.
- (c) **Sandwich Students:** Must pay accordingly as in (a and b) above before the commencement of each Contact Session and balance up by the middle of the Contact Session.

Notes:

1. All New Students should visit the **Admission Portal on the Website** www.nbts.edu.ng, create personal accounts with their e-mail addresses, pay the Acceptance and Medical Test Fees, and then **print out their receipts**.
2. Returning Student should pay through their existing accounts on the **E-Dozier Platform**.

For further inquiries/help contact: Mr. Olutayo Ajala (Registry) 08032441689
Mr. Ezekiel Ajiboye (Bursary) 08038496176

Only students who have fulfilled the financial obligations as stated above would be allowed access into the academic programmes of the Seminary from the effective date.

Please comply.



Rev. Prof. Emiola Nihinlola
President

NBTS/R/35.1/Vol. II

Tuesday, April 20, 2021

ADMISSION OFFICE
NIGERIAN BAPTIST
THEOLOGICAL SEMINARY
P.M.B. 4008, OGBOMOSO
NIGERIA

THE NIGERIAN BAPTIST THEOLOGICAL SEMINARY
P. O. BOX 30
OGBOMOSO, NIGERIA

MEDICAL EXAMINATION FORM

Name of Hospital:

Address of Hospital:

Name of Candidate:

Date: Address:

Sex: Age: Married: Single:

HISTORY: (To be completed by candidate)

HAVE YOU EVER HAD OR DO YOU HAVE: (IF SO STATE DATE AND DURATION)

1. Cough lasting over two weeks?
2. Blood in the stool?
3. Blood in the urine or after urination?
4. Eye troubles?
5. Ear trouble?
6. Epilepsy or Convulsions?
7. Hernia?
8. Heart trouble?
9. Enlarged glands in the neck?
10. A. (Women) Menstrual irregularity?
- B. What is the date of your last menstrual period?
11. Any operations, accident or injuries?
12. Have you had bone pains and/or jaundice occasionally?
13. When was your last prolonged illness?
14. Yellow Fever Vaccination: Date:
15. Tetanus Vaccination: Date of 1st dose:
- Date of 2nd dose: Date of booster:

PHYSICAL EXAMINATION: (To be completed by a Physician)

Tem: Pulse: Resp: W: Ht:
P.B.

Eyes: Vision Right Left
Ears: Abdomen:
Nose: Hernia:
Teeth: Genitalia:
Mouth and Throat: Rectal:
Neck: Neurological:
Heart: Skin:
Lungs: Breasts:

LABORATORY STUDIES

Hgo:
Urine:
Stool:
Malarial Smear:
Chest X-Ray Need:
HB Genotype:
Blood Group:

COMMENTS: (You may use the reverse side also).

Statement of Fitness:

Date:

Name of Medical Officer:

Signature of Medical Officer:

Official Stamp of
Chief Medical Officer