



CYRILIC COLLEGE OF HOMEOPATHY AND HOLISTIC HEALTH SCIENCES

(OGAMB/ADM.91/37)

REGISTRATION FORM

Guidelines

1. The college offers three categories of programs; Diploma, Advanced Diploma, Post graduate Diploma and Short term Courses.
2. This registration form has been designed to accommodate for these categories
3. Only fill an application that is relevant to the program/course you have an interest in
4. Pay attention to 'Section F' to understand the documentation that is required for the different applications.
5. For individuals who wish to fill a printed copy of this form, they are only required to fill an application that is relevant to the program/course of choice.
6. Note: Pages #6, #7, #8, #9, #10 have to be fulfilled by all applicants.
7. FILL THE REQUIRED SPACES IN CAPITAL LETTERS!!!
8. For any clarification required regarding the form, kindly contact the administrative office at; +2347088744525 or acyrilliccollege@gmail.com

How did you discover the college?

- I. Social Media
- II. Advertisement (Billboard, Radio program, Business Card, Flyer etc.)
- III. Referred by friend, family or colleague
- IV. Other (Kindly specify): _____

Were you referred by a current student or staff of the college? If yes, kindly write their name below;



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I. DIPLOMA APPLICATION

SECTION A: PROGRAM DETAILS

1. Department:

Department	Tick (✓)
Herbal Therapy	
Homeopathic Sciences	
Magnet Therapy	

2. Preferred Mode of Study:

I. Onsite

II. Online

3. Preferred Schedule:

I. Full time (2 Years)

II. Part time A (12 Months)

4. Session / Year of Admission: _____



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II. ADVANCED DIPLOMA APPLICATION

SECTION A: PROGRAM DETAILS

1. Department:

Department	Tick (✓)
Naturopathy	
Herbal Science and Drug Technology	
Health Education	

2. Preferred Mode of Study:

I. Onsite

II. Online

3. Preferred Schedule:

I. Full time (12 Months)

4. Session / Year of Admission: _____



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III. POST GRADUATE DIPLOMA APPLICATION

SECTION A: PROGRAM DETAILS

1. Department: Integrative Medicine

2. Preferred Mode of Study:

I. Onsite

II. Online

3. Preferred Schedule:

I. Full time (12 Months)

4. Session / Year of Admission: _____



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IV. SHORT – TERM PROGRAMS APPLICATION

SECTION A: PROGRAM DETAILS

1. Course Type:

I. Master Class (3 Months)

II. Certificate Course (6 Months)

2. Preferred Mode of Study:

I. Onsite

II. Online

3. Preferred Course: _____

4. Date of Admission: _____



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SECTION B: PERSONAL INFORMATION

I. Full Name: _____
(Surname) (Other names)

II. Date of Birth (DD/MM/YYYY): _____

III. Gender: ☒ Male ☒ Female ☒ Other

IV. Marital Status: ☒ Single ☒ Married ☒ Other

V. Nationality: _____

VI. State of Origin: _____ Local Govt/ District: _____

VII. Religion (Optional): _____

VIII. Passport Photograph (attach/upload)

SECTION C: CONTACT INFORMATION

I. Permanent Home Address: _____

II. Postal Address (if different): _____

III. Phone Number (Primary): _____

IV. Alternate Phone (Optional): _____



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V. Email Address: _____

SECTION D: EDUCATIONAL BACKGROUND

Secondary School Attended: _____

Years Attended: _____ to _____

Tertiary Institution Attended: _____

Degree: _____

Discipline: _____

Highest Qualification Attained: _____

SECTION E: EMPLOYMENT HISTORY

Employer: _____

Role: _____

Duration: _____

Contact: _____



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SECTION F: DOCUMENT CHECKLIST

(Attach or upload as required)

Document	Diploma	Adv. Dip.	PGD	Short Course
Recent Passport Photograph (2x copies)	✓	✓	✓	✓
WAEC/NECO Result or Equivalent	✓	—	—	—
Previous Diploma Certificate (Adv. Dip. admission)	—	✓	—	—
Medical Degree/Transcript (PGD only)	—	—	✓	—
Government Issued ID (NIN, Int'l Passport, Driver's License)	✓	✓	✓	✓
Proof of Payment (PDF format only)	✓	✓	✓	✓

School Certificate O/L (WAEC/NECO)

	Subject	Grade		Subject	Grade
(A)			(E)		
(B)			(F)		
(C)			(G)		
(D)			(H)		

SECTION G: NEXT OF KIN / SPONSOR INFORMATION

Full Name: _____

Relationship: _____

Phone Number: _____



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Address: _____

SECTION H: DECLARATION

I hereby declare that all information provided in this form is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in the rejection of this application or termination of admission.

Signature of Applicant: _____ Date: _____

SECTION I: GUARANTOR DETAILS (Required for Diploma, Advanced & PGD Applicants Only)

Full Name: _____

Relationship to Applicant: _____

Contact Number: _____

Email: _____

Home/Office Address: _____

How long have you known the applicant? _____

In what capacity? _____

Are you aware of any reasons why the applicant should not be considered? ☒ Yes ☒ No



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If yes, please explain: _____

Guarantor's Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Online Applicants: Submit completed form and scanned documents as a single PDF to acyrilliccollege@gmail.com.

Onsite Applicants: Submit hardcopy with required documents to the admissions office.

LEGAL & POLICY NOTICE

Cyrillic College of Homeopathy and Holistic Health Sciences reserves the right to verify all submitted information. Admission is competitive and not guaranteed. All personal data submitted will be used solely for academic purposes and in accordance with relevant data protection laws.

FOR OFFICIAL USE ONLY

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