#### **REPUBLIQUE DU CAMEROUN**

Paix - Travail - Patrie

#### UNIVERSITE DE NGAOUNDERE

# ECOLE DES SCIENCES ET DE MEDECINE VETERINAIRE

E-mail: ecoleveterinaireun@gmail.com

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Tél: 222 254 024/673 19 80 92





#### **REPUBLIC OF CAMEROON**

Peace - Work - Fatherland

## THE UNIVERSITY OFNGAOUNDERE

# SCHOOL OF VETERINARY MEDICINE AND SCIENCES

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Tél : 222 254 024/673 19 80 92

PHOTO 4x4

## APPLICATION FORM

# COMPETITIVE ENTRANCE EXAMINATION FOR ADMISSION IN LEVEL ONE OF THE SCHOOL OF VETERINARY MEDICINE AND SCIENCES FOR 2023/2024 ACADEMIC YEAR (SVMS)

(CYCLE OF VETERINARY DOCTORS)

### **CANDIDATE IDENTITY:**

Name:	First Name(s)	
Date of birth (1):		
Nationality:	Place of R	esidence:
Phone number(s):		
Candidate status: Salary owner: Ye	s No	Married: Yes No
PARENTS IDENTITY:		
Father's name:	Father's first name(s):	
Father's profession:		Tel.:
Father's Region:		
Father's Division:		
Father's Subdivision:		
Mother's name:	Mother's firs	t name(s):
Mother's profession:		Tel.:
SCHOOL CURSUS OF T	HE CANDIDATE (2):	
Attended Schools	School years	<b>Certificates Obtained</b>
	1	

- (1) Candidates should be twenty six (26) years old maximum on December 31<sup>st</sup> 2023
- (2) Just indicate exam's classes, school years and graduation diplomas or certificates obtained

ADM	MISSION BY COMPETITIVE EXAMINATION
ADM	IISSION BY STUDIES OF CANDIDATE'S APPLICATION FILE
EXA	MINATION CENTER OF THE CANDIDATE (3):
	NGAOUNDERE DSCHANG MAROUA MAROUA
	YAOUNDE BUEA BUEA
- An - Fou - One - One equi - Cert - One Can - A re acco to F - A la the	didate Composition file: individual application form to be stamped by the candidate with 1000 FCFA fiscal stamp; ar recent passport size photographs 4 x 4 (write your name behind); a certified true photocopy of birth certificate (issued no more than three (03) months old); a certified true photocopy of GCE A/L certificate, Baccalauréat (Scientific Series) or an ivalent certificate; tified photocopies of Baccalauréat and Probatoire transcripts or GCE A and O/ level result slips; a medical certificate signed by a Government Medical Doctor certifying the readiness of the adidate for the field work and sport practicing; acceipt upon payment of twenty thousand (20.000) FCFA as registration fees paid into the bank bount number 01207980601/11 in ECOBANK or through Express Exchange ESMV (University of Ngaoundere); arge envelope (A4 size) stamped and the amount of the stamp should correspond to weight of content document in the envelope (precise the P.O BOX and the place of residence on the elope).
(N	N.B): The photocopy of the bank receipt (Ecobank, express union or express exchange) must be shown in the examination hall;
O	ther persons to be notified in case of Emergency
	Name and First name:  Address: Tel.:
•	ny signature, I certified that, to the best of my knowledge, the information's provided in ion file is accurate.
	Done in: On
	Candidate signature

Completed application files could be returned directly at: the school Direction (University of Ngaoundere) or dropped at the University of Ngaoundere's off-campus station in Yaounde (quartier Fouda), the University of Dschang's off-campus station in Maroua, Regional Delegations of Ministry of Secondary Education (MINESEC).

N.B. Date of the examination: Saturday, October 14 2023

(3) Don't forget to tick the examination center chosen