



OYO STATE COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY

OFFICE OF THE REGISTRAR

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Your Ref. No. _____

*All correspondence should be addressed
to the Provost, quoting*

Our Ref. No. _____

Date: 20th November, 2019.

Candidate's Name:

Olubusola Julianah AMOO

Exam No:

C/012/053/19R

Programme:

Certificate in Community Health

Department:

Community Health

NOTIFICATION OF COMMUNITY HEALTH PRACTITIONERS REGISTRATION BOARD OF NIGERIA SEPTEMBER, 2019 NATIONAL QUALIFYING EXAMINATION RESULT FOR JUNIOR COMMUNITY HEALTH EXTENSION WORKER (JCHEW)

PAPERS

MARKS OBTAINABLE

MARKS OBTAINED

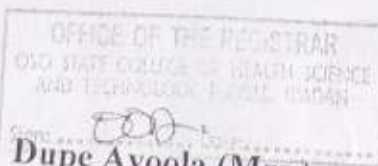
Paper I

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General Remarks:

PASS



Dupe Ayoola (Mrs.)

Ag. Registrar