



MINISTRY OF HEALTH

SCHOOL OF HEALTH TECHNOLOGY

P.M.B 5042
 ILESA, OSUN STATE,
 NIGERIA

☎ 036-460672

Your Ref No:.....

Our Ref No:.....

Date: 17/10/06

COMMUNITY HEALTH DEPARTMENT

STATE QUALIFYING EXAMINATION RESULT FOR HEALTH ASSISTANT

NAME:..... **ADEMOLA DEBORAH I.**.....

EXAMINATION NO:..... **189**.....

YEAR OF ADMISSION:..... **SEPTEMBER 2006**.....

	MARKS OBTAINABLE	MARKS OBTAINED	REMARKS
PAPER I	100	75	
PAPER II	100	65	
SUB TOTAL	200	140	
% OF TOTAL	20	21	
PRACTICAL EXAM	100	64	
% OF TOTAL	70	44.8	
ORAL EXAM	20	13	
% OF TOTAL	10	6.5	
TOTAL %	100	72.3	PASS

NUMBER OF ATTEMPTS:..... **1ST**.....

REMARKS:..... **PASS**.....

ANY ALTERATION OR ERASURE RENDERS THIS STATEMENT OF RESULTS INVALID


PRINCIPAL