

## Federal Ministries of Education and Health

### Appeal form for placement to the NIMEI Medical School

1 Full name include grandfather's (print name)

Name:

Father's :

Grandfather's:

1) Application Number as on the admission card:

2) Gender :  Male  Female

3) Contact Detail: Phone (Mobile): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_  
 Phone(Home) : \_\_\_\_\_

4) Place of Registration:

5) Assigned placement site:

6) Entrance Examination Result

7) Request (✓):  Mutual exchange of placement sites  
 Placement site change  
 Other

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s) \_\_\_\_\_