

PRIMARY HEALTH CARE DEPT.
KUJE AREA COUNCIL.

Our Ref: PHC/MCH/26A

The: PRINCIPAL
J.S.S. TENICHE
KUJE - ABUJA

Date: 25/11/2010

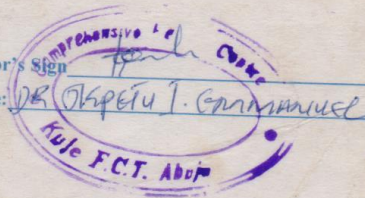
MEDICAL CERTIFICATE OF FITNESS

This is to Certify that I have medically examined

Mr. YAKUBU SALIHU And
*Found him/her to be physically and mentally fit for employment in your
service/for confirmation of his/her appointments/studies in your
institution*

Doctor's Sign

Name: DR. OKPETO I. OMMANUEL





HIGH COURT OF JUSTICE
FEDERAL CAPITAL TERRITORY, ABUJA.
STATUTORY DECLARATION OF AGE



1. I SALIM ALKALI of BUGAKO - KUSE
AREA Council do solemnly and sincerely declare:
2. That my age is 43
That I am the FATHER of YAKUBU
(State relationship)
YAKUBU SALITU
(Here state name of person about whom declaration is made)
3. That to the best of my knowledge and belief the said
YAKUBU was born at BUGAKO
in KUSE Local Government Area of FCT ABUJA
State NIGERIA on the 6th day of FEB 1997
4. That at the time of his/her birth was not registered at BUGAKO -
KUSE AREA Council fct ABUJA
5. That I make this solemn declaration conscientiously believing same to be true
by virtue of the provisions of the Oaths Act 1990.

22-1- 2010

[Signature] 22/1/2010
Signature or Mark of Declarant

I certify that the above declaration has been read and interpreted to the declarant
and that he/she appears clearly to understand the same and affixed his/her mark
to it in my presence.

[Signature] 20

[Signature]
Signature of Interpreter

Declared at HIGH COURT in ABUJA State
This 22-1- day of 22-1- 2010

Commissioner for Oaths

Fees Paid 200 =

Revenue Receipt No P 2

Date 22-1-2010





National Examinations Council (NECO)[®]

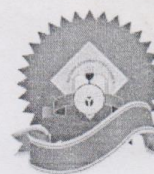
Dr Nnamdi Azikwe road, Western Bye Pass, P.M.B 159, Minna, Niger State, Nigeria.

SSCE JUN/JUL Examination Result Details: SALIHU YAKUBU

Last Name:	SALIHU	Exam No:	50547073EF
Other Names:	YAKUBU	Exam Year:	2015
Center No:	0360260	Exam Type :	JUN/JUL
Centre Name : SULEIMAN MEMORIAL ACADEMY, GADABUKE			
*Card PinNo:	56355		
Card Usage:	You Have logged in time(s)		

* Please note that only the last five (5) characters of the Card PIN is displayed.

	Subject	Grade	Remark
1	English Language	C6	CREDIT
2	Mathematics	C5	CREDIT
3	Civic Education	D7	PASS
4	Biology	C5	CREDIT
5	Chemistry	C5	CREDIT
6	Physics	C6	CREDIT
7	Agricultural Science	C5	CREDIT
8	Geography	B3	GOOD
9	Animal Husbandry	B3	GOOD



KUJE AREA COUNCIL

FEDERAL CAPITAL TERRITORY - ABUJA,
NIGERIA



Telegrams:

Telephone:

Our Ref: KAC/IND/759/2011

Your Ref:



Area Council

30TH NOVEMBER, 2011

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Certificate of Identification/Origin

This is to certify that

the bearer

SALIHU YAKUBU

is an indigene/a native of

BUGAKO - KWAKU

KUJE AREA COUNCIL GOVERNMENT OF FEDERAL CAPITAL TERRITORY - ABUJA OF NIGERIA

This Certificate covers his/her identification as such.

You are requested to give him/her every possible assistance, please.

Fee of N 500.00 K

Paid on R. C. R. No. 006545

of 30TH NOVEMBER 19 2011.

Handwritten signature of Hon. Ishaku Tete Shaban
Hon. Ishaku Tete Shaban
Kuje Area Council, Abuja

HON. ISHAKU TETE SHABAN.

Deputy Mayor/Vice Deputy Mayor/Secretary
Kuje Area Council, Abuja