



THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA

RESULT AUTHENTICATION FORM

I,

Name of declarant

the of

Provost/Dean/HOD

College/Faculty/Department

University of hereby attest

Name of Institution

to the attached academic result of the graduands

Year of graduation

of department of

Name of Department

as being ***authentic*** and ***genuine***. I therefore recommend the graduands for

Induction into Physiotherapy Profession as having passed ALL examinations

prescribed by the University Senate as pre-requisite qualification for the

Induction.

Signature Date

For office use only

Comments/Remarks

Name

Signature Date