



# Chartered Institute of Administration

(Chartered by Federal Government Act No. 103 of 1992)

Plot 1666, House 15B, il Close, 7<sup>th</sup> Avenue, Festac Town, P.M.B. 3063, Surulere, Lagos. 01-7944969, 08076983067, [www.cia-ng.org](http://www.cia-ng.org), [info@cia-ng.org](mailto:info@cia-ng.org)

## DIPLOMA IN BUSINESS STUDIES

Office Use  
Registration Number

### Application for Registration as a Student

(Please note that all the information requested below, to be treated as confidential by the Institute, must be correctly and fully supplied by you. Failure to do so will disqualify your application).

### 1.0 PERSONAL DETAILS

1.1	_____	1.10	_____
	Surname		Residential Address
1.2	_____		_____
	Other Names		_____
1.3	_____		_____
	Male/Female		
1.4	_____	1.11	_____
	Date of Birth		Courier Delivery Address
1.5	_____		_____
	Married/Single		_____
1.6	_____		_____
	Title (Chief, Lolo, Dr. etc)		
17	_____	1.12	_____
	Nationality		Postal Address (PMB, or P. O. Box)
18	_____		_____
	State of Origin		_____
19	_____	1.13	_____
	Home Town Address		Telephone Number(s)
	_____		_____
	_____		_____

### 2.0 BASIC EDUCATIONAL QUALIFICATION

2.1 Name of Examination: \_\_\_\_\_  
(WASC/GCE/SSCE/NECO etc.)

2.2 Detailed Results:

Year	Subjects	Grade

Year	Subjects	Grade

**3.0 OTHER QUALIFICATIONS (IF ANY)**

Name of Awarding Institution	Discipline	Qualification	Grade	Year Graduated

**4.0 EMPLOYMENT**

Name/Address of Present Employer	Position Held	Date Employed

**5.0 COURSE INFORMATION**

- 5.1 **Method of Study** \_\_\_\_\_  
(Full Time, Part Time or Distance Study)
- 5.2 **Commencing Date** \_\_\_\_\_
- 5.3 **Study Centre** \_\_\_\_\_

**6.0 SUPPORTING DOCUMENTS**

(Submit Completed Form with each of the following items:-

- 6.1 Copy of receipt evidencing purchase of this Form
- 6.2 Copy of Birth Certificate/Affidavit
- 6.3 Copy of each Educational Qualification claimed in Sections 2.0 - 3.0 of this Form
- 6.4 Two (2) recent passport photographs
- 6.5 Four (4) self-addressed envelopes (size 9 x 4) each bearing N50.00 stamp

**7.0 DECLARATION**

I declare that the information I provided in this Form is correct. I undertake to abide by the Rules and Regulations of Chartered Institute of Administration. I accept that no part of any fee paid by me is refundable under any circumstances whatsoever.

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Date