



THE INSTITUTE OF REGISTERED ADMINISTRATIVE MANAGERS OF NIGERIA

Established under the Act of Parliament 1 Cap 59 of 1990

National Secretariat: 7A Junction Road, by Sardauna Crescent, Kaduna.

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EXAMINATION ENTRY FORM

Attach two
passport
photograph

STAGE:..... STUDENT REG. NO:

PREVIOUS EXAMINATION NUMBER:.....

(a) SURNAME: _____

(b) OTHER NAMES: _____

(c) CONTACT ADDRESS: _____

(d) TELEPHONE NO.: _____ (e) DATE OF BIRTH: _____

(f) E-MAIL: _____ (g) SEX: _____

(h) STATE OF ORIGIN: _____ (I) PLACE OF PURCHASE: _____

SUBJECTS ENTERED FOR	REFERRED SUBJECTS

PLEASE INDICATE YOUR PREFERRED EXAMINATION CENTER BY TICKING ONE OF THESE BOXES

AUCHI

ABUJA

ABAKALIKI

CALABAR

LAGOS

KANO

KADUNA

PORT HARCOURT

ZUNGERUA

DIPLOMA EXAM DIETS:

 JULY DECEMBER

POST-GRADUATE DIPLOMA EXAM DIETS:

 AUGUST DECEMBER

EDUCATIONAL INFORMATION

INSTITUTIONS ATTENDED WITH DATES

	UNIVERSITY / POLYTECHNIC / COLLEGE	MONTH & YEAR		QUALIFICATIONS OBTAINED
		FROM	TO	
1				
2				
3				
4				
5				

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION

1. **Examination Entry Closing Dates:** Last working day of February for April Examination
Last working day of October for December Examination
2. **Late Entries will not be accepted under any circumstances.**
3. Enclose all Credentials to support your claims.
4. Attach two self addressed stamped envelopes.
5. Please ensure to include the pink copy of your receipt of payment with your entry and that all previous fees have been fully settled.
6. Faxed or e-mailed entries will not be accepted.
7. Payment made after the closing date, will not be processed for that examination session.
8. The Institute will not permit cancellation, amendment or deferral of an existing entry after the published Examination entry closing date.
9. There shall be no refund of any payment made.
10. Failure to observe these, your application will be rejected.

UNDERTAKING

I, hereby certify that the information given herein are correct to the best of my knowledge. I agree to abide by the rules and regulations of the Institute of Registered Administrative Managers of Nigeria as contained in the provision of the Articles and Rules of the Institute.

Signature of Applicant

Date of Application

For Official Use Only

DATE APPLICATION IS RECEIVED.....

NAME OF RECEIVING OFFICER.....

SIGNATURE OF RECEIVING OFFICER.....

NAME AND SIGNATURE OF VERIFYING OFFICER.....

INDICATE IF CANDIDATE IS QUALIFIED.....

NOT QUALIFIED

QUALIFIED