

## (For Corp Members of NYSC only)

Please all ink should be in ROLD

## THE INSTITUTE

20.4 Two most recent passport photographs

20.5 Two self-addressed enveloped, size 9"x4", each bearing N 50 stamp

Signature.....

## REGISTERED ADMINISTRATIVE MANAGERS OF NIGERIA

NATIONAL SECRETARIAT: 7A JUNCTION ROAD BY SARDAUNA CRESCENT, KADUNA.

P.O.Box 2519 G.P.O, Website: www.regdmanager.org E-mail: info@regdmanager.org.

Tel: 062- 882187,08067994079 Admission:07081865250 Payments: 07081865445 Programmes: 07081865464 Exams: 08165470385 **PERSONAL BIO-DATA Other Names** 1. Surname **First Name** 2. NYSC State Registration number 3. Date of Birth [Day / Month / Year] 4. Nationality 5. State of Origin 7. Permanent Home Address (for Correspondence) 6. NYSC Primary Assignment Address 9. E-mail Address 8. Telephone Number(s) 10. State of Deployment ACADEMIC QUALIFICATIONS 11. Name of Institutions ( Primary/ Post Primary) 12. Qualification Obtained 13. Year attained 14. Profession e.g. Engineering, Medicine, Law etc. 15. Batch 16. Period of service From 17. Name of Institutions (Tertiary) 18. Qualification obtained 19. Year attained **DECLARATION** 20. Declaration by Applicant I.....,hereby declare that the information given above is accurate in every detail; I agree to be governed by the rules and regulations of INSTITUTE REGISTERED ADMINISTRATIVE MANAGERS OF NIGERIA as they become applicable to me Further payment should be made to any of the following 20.1 Copy of receipt or bank N500 Teller evidencing purchase of this form **Bank account Numbers** 20.2 Certified copies of educational qualifications claimed in paragraph 11.0 & 17.0 above 20.3 Certificate of Certified copy of NYSC ID Card **Zenith Bank:** 1010845490

21.0 I undertake, if admitted and so long as I remain admitted, to observe and abide by the rules and regulations of the institute. I accept that fees once paid are not refunded under any circumstance.

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Date.....

Intercont. Bank: 0104311768

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