



PLEASE TICK  TO INDICATE YOUR CHOICE OF EXAMINATION CENTRE

ABUJA  KANO  LAGOS  KADUNA  PORT/ H  IBADAN   
ENUGU

LAST EXAMINATION DIET:..... EXAM NO:.....

*Declaration by candidate:*

*I, ..... hereby declare that the information given on this form is correct and I agree to abide by the Institute's examination rules and regulations.*

SIGNATURE:.....DATE:.....

**FOR OFFICE USE ONLY**

**ITEMS TO ACCOMPANY FORM**

- 1. PHOTOCOPY OF LETTER OF REGISTRATION
- 2. PHOTOCOPY OF RESULT OF LAST EXAMINATION   
(IF ANY)
- 3. TWO (2) PASSPORT PHOTOGRAPHS
- 4. TWO (2) SELF ADDRESSED STAMPED ENVELOPS
- 5. PHOTOCOPY OF EXEMPTION CERTIFICATE (IF ANY)
- 6. PHOTOCOPIES OF EDUCATIONAL CERTIFICATES   
CERTIFIED BY THE REFEREE
- 7. EVIDENCE OF PAYMENT OF ALL PRESCRIBED   
EXAMINATIONS FEES

\_\_\_\_\_  
*Examination Officer Signature*

\_\_\_\_\_  
*Date*