



FOR OFFICIAL USE ONLY

STUDENT ID NO.

CIFMAN INSTITUTE OF TECHNOLOGY & MANAGEMENT

(APPROVED BY THE FEDERAL GOVERNMENT OF NIGERIA)

6, Lancaster Road, Opposite Queen's College,
P.M.B 1070 Sabo, Yaba, Lagos State.
E-mail: contact@citmng.org
www. citmng.org
0805 378 8880, 0803 322 3009

**ATTACH 3
PASSPORT
PHOTOGRAPH
HERE**
(which must be endorsed by your sponsors).

APPLICATION FOR ADMISSION

THE 20 ____ /20 ____ ACADEMIC YEAR

FORM NO

PRE-NATIONAL INNOVATION DIPLOMA

NATIONAL INNOVATION DIPLOMA

Tick as appropriate

SECTION A: (BIO DATA)

APPLICANT'S NAME
(SURNAME FIRST IN BLOCK LETTERS)

RESIDENTIAL ADDRESS.....
.....

POSTAL ADDRESS

SEX (M/F):

MARITAL STATUS

DATE OF BIRTH:

STATE OF ORIGIN:

NATIONALITY:

PARENT'S NAME & ADDRESS:

.....

SECTION C: (RECORD OF EMPLOYMENT) (If any)

| EMPLOYER'S NAME | POST HELD | DATE | | SALARY |
|-----------------|-----------|------|----|--------|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION D:

N.B. This Section must be filled by all applicants.

(A) COURSE OF CHOICE

| | COURSE | DEPARTMENT | PROGRAMME |
|----|--------|------------|-----------|
| 1. | | | |
| 2. | | | |

(B) (SPONSOR)

| | NAME | ADDRESS | OCCUPATION | RELATIONSHIP |
|----|------|---------|------------|--------------|
| 1. | | | | |
| 2. | | | | |

SECTION E:

(A) DECLARATION:

I, _____ hereby declared
that all the information given are true to the best of my knowledge
Knowing fully well that falsifying information can jeopardize my chance for admission or completion of my course
CIFMAN INSTITUTE TECHNOLOGY & MANAGEMENT with my sponsors as my witness I also promise to abide
by the rules and regulation of the institute, and any other lawful rules and regulation as laid down by the
management.

APPLICANT'S SIGNATURE

DATE

(B) ATTESTATION:

I hereby confirm that applicant Mr/Mrs/Miss,.....
is known to me. The information supplied in his/her form is to the best of my knowledge true and correct. The
attached photograph endorsed by me is resemblance of the applicant.

FULL NAME: _____

ADDRESS: _____

POSITION HELD: _____

SIGNATURE: _____

DATE: _____

N. B. (This part must be signed or at testified by one your sponsors).

SECTION F: (For Official Use Only)

DOCUMENTS ATTACHED:

| | DESCRIPTION | REMARK |
|----|--|---------------|
| 1. | Passport photograph 10 copies | |
| 2. | Receipt of payment (photocopy). | |
| 3. | Photocopies of Credentials. | |
| 4. | Birth Certificate /Age Declaration | |
| 5. | Letter of Employment (Post-NID) Candidate only | |
| 6. | One Self-Addressed stamped Official Envelope. | |
| 7. | | |

PROGRAMME ADMITTED FOR

| 1st Choice | 2nd Choice |
|-------------------|-------------------|
| Subjects | |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |

DECISION

SCORE BY _____ DATE _____
NAME