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CHARTERED INSTITUTE OF HUMAN CAPITAL DEVELOPMENT OF NIGERIA

Examination Registration Form

PART 1: General Information

Surname	First Name	Other Names	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title, (Mr, Mrs, Miss, Dr etc)	Date of Birth	Nationality	State of Origin
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Organization Name & Address		Address for Correspondence	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Telephone Number(s)		Email Address	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Job Title		Nature of Work	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

PART 2: Academic & Professional Qualifications

Names of Institution	Certificate/Degree Obtained (indicate discipline)	Year
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Professional Qualifications (e.g: NBA, IACA, NIM,AIPM,CITN,PSN, etc)

PART 3: Referee : Your referee must be a member of the Institute or Your Head of Department.

Name:	Membership No:
Address:	Tell.....
Signature/Date:	Email:

PART 4: Applicant Declaration

I declare that the information given above is to the best of my knowledge and belief correct. I undertake to be bound by the Institute's rules and regulations in force or which may be from time to time, be issued.

Full Name of Applicant	Signature and Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Complete and return to:

The Registrar/Chief Executive,

Chartered Institute of Human Capital Development of Nigeria.

21, Gomwalk Boulevard Jos, Plateau State. Phone: +234(0)8166222913, +2347017667868 +234(0)8055006444

Website: www.cihcdn.org, email: cihcdng@gmail.com or admin@cihcdn.org (This form must be accompanied by an application fee of **N5,000** Payable to Institute Account No **2020422376** with First Bank Nigeria LTD or **4274273019**. First City Monument Bank (FCMB).

Please submit a copy of your CV along with photo copies of your Academic and Professional certificates (including NYSC discharge/ exemption).

For Official Use Only:

Appl. Form No:	Date of Receipt:
Other Fees Paid:	Date of Receipt:
Signature of Approving Officer:	Date: