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**(Special Programme)**

**Please read through carefully before filling out the form**

**PART 1: General Information**

Surname	First name	Other Names	
Title,(MR, Mrs, Dr, etc)	Date of Birth	Nationality	State of Origin
Organization Name and Address		Address for Correspondence	
Telephone Number(s)		Email Address	
Job Title		Nature of Work	

**PART 2: Academic & Professional Qualifications**

Names of Institution and Certificate/Degree Obtained (indicate discipline)		Year

Profession (e.g) Accounting, Architecture, Engineering, Insurance, Law, Medicine,

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

Name of Institutions/ Examining Body	Qualifications Obtained	Year

Please submit a copy of your CV along with photocopies of your academic and professional certificates (including NSC discharge/ Exemption).

**PART 3: Employment History**

List the last three (3) Positions you held in your employment, starting with the current

(i) Name of Organization	Position Held	Date (from-to)
(ii) Name of Organization	Position Held	Date (from-to)
(iii) Name of Organization	Position Held	Date (from-to)

**PART 4: Referee**

Your referee must be a full member or your Head of Department.

Name of Referee	Class of Membership

Address (including Telephone and e-mail address)	Position Held

Signature/Date.....

I, do hereby recommend the above applicant for membership of the Chartered Institute of Development and Social Studies and certify that to the best of my knowledge the experience and character of the applicant are such that I consider him/her fit for admission into membership of the institute.

**PART 5: Applicant Declaration**

I hereby declare that the information given above is to the best of my knowledge correct. I undertake to be bound by the Institute’s rules and regulations at the time of my admission or which may be from time to time, be issued.

Full Name of Applicant	Signature and Date

Complete and return to:

The registrar/Chief Executive,

Chartered Institute of Development and Social Studies

Suite 3/4Diagold Plaza Zaramaganda Junction, Dadinkowa, P.O. Box,641, Bukuru,

Plateau State. Phone: +234 (0)8109962649

Website: [www.cidss.org](http://www.cidss.org), e-mail: [cidss.org@gmail.com](mailto:cidss.org@gmail.com)

(This Form must be accompanied b an applicant fee of **₦7,500**

**Payable to institute Account No 3128054753 with First Bank LTD)**

For Official Use Only

Application Form Receipt Number

Date of Receipt

Application Form Receipt Number	Date of Receipt
Other Fees Paid:	Date of Receipt:
Class of Membership Granted:	Membership Number:
Signature of Approving Officer:	Date: