CHARTERED INSTITUTE
OF HUMAN CAPITAL DEVELOPMENT OF NIGERIA

Examination Registration Form

PART 1: General Information
Surname | First Name | Other Names
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Title, (Mr, Mrs, Miss, Dr etc) | Date of Birth | Nationality | State of Origin
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Organization Name & Address | Address for Correspondence
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Telephone Number(s) | Email Address
--- | ---

Job Title | Nature of Work
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PART 2: Academic & Professional Qualifications
Names of Institution | Certificate/Degree Obtained (indicate discipline) | Year
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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: | Tell………
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Address: | Email: | ---
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Signature/Date: | Email: | ---
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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
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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: cihedng@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:
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Other Fees Paid: | Date of Receipt:
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Signature of Approving Officer: | Date:
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