



## **IGBINEDION UNIVERSITY, OKADA**

**(Centre For Entrepreneurship and skills Acquisition)**

### **APPLICATION FORM FOR PROFESSIONAL CERTIFICATION IN PIPELINE INSPECTION, MAINTENANCE AND NON-DESTRUCTIVE TEST.**

NO.....

**A PROGRAMME OF STUDY:**.....

**B STUDY CENTRE:**.....

**C PERSONAL DETAILS**

(1) **NAME OF APPLICANT**

(Surname) .....

(First Name) .....

Other Names .....

(2) **SEX**.....

(3) **DATE OF BIRTH**..... (4) **MARITAL STATUS**.....  
(Married or Single)

(5) **ADDRESS**.....

.....

(6) **L.G.A**..... **NATIONALITY**.....

(7) **RELIGION**..... **HOME TOWN**.....

(8) **STATE OF ORGIN:** .....

(9) **HOBBIES**..... **PHONE NO**.....

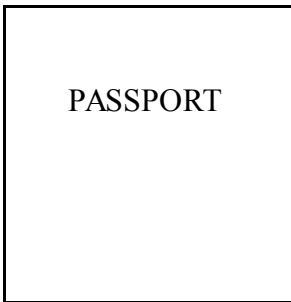
(10) **EDUCATIONAL QUALIFICATION**.....

.....

(11) **NAME AND ADDRESS OF PARENTS/GUARDIAN**.....

.....

(12) **NAME AND ADDRESS OF NEXT-OF-KIN**.....



**D ACADEMIC RECORD**

**(12) EDUCATIONAL INSTITUTION ATTENDED WITH DATES**

Name And Address Of Institutions	Period	
	From	To

**(13) QUALIFICATIONS**

WEST AFRICAN SCHOOL CERTIFICATE/GENERAL CERTIFICATE OF EDUCATION O/L			SENIOR SECONDARY SCHOOL CERTIFICATE/NECO/NABTEB		
SUBJECTS	GRADE S	YE A R	SUBJECTS	GRADE S	YEAR

DATE:.....

DATE:.....

CENTRE:.....

CENTRE:.....

EXAM NO:.....

EXAM NO:.....

TEACHERS'S GRADE11CERTIFICATE		NATIONAL DIPLOMA/OTHERS	
SUBJECTS	GRADES	(Please Specify)	GRADES

DATE:.....

DATE:.....

CENTRE:.....

CENTRE:.....

EXAM NO:.....

EXAM NO:.....

**E WORKING EXPERIENCE**

NAME AND ADDRESS OF EMPLOYER	NATURE OF JOB	Period	
		From	To

**F DECLARATION .....** Hereby declare  
 (Please write your names in full)

All the information given in this form is accurate. I understand that any false information will automatically disqualify me from being considered for admission to, or continuing with, any course of study in the polyphonic.

Signature:.....

Date:.....

- 1 Candidates must ensure that they complete this form carefully and write legibly.
- 2 The names of the candidates must be written in the order they wish to be known while on the programme. (Any change of name must be supported by a sworn Affidavit)
- 3 The following documents must be enclosed with this application form:
  - (A) Photocopies of all credentials
  - (B) Photocopy of the receipt for the purchase of the form
- 4 The application form must be completed in duplicate and the application No. On the top of the right hand corner must be quoted in all correspondences.
- 5 Do not forget to indicate the programme of study.

**FOR OFFICIAL USE ONLY**

(A) Date form was dispatched-----Signed-----

(B) Date form was received-----Signed-----

(C) **ENCLOSURE:**

1. Photocopy of results (Please state number)
2. Photocopy of receipt for purchase of form
3. Photocopy of Birth Certificate or Declaration of Age

(D) Qualified/Awaiting Result            Signed-----

(E) Admitted/Not admitted            Signed-----

(F) **CHECKED BY:**

Name-----

Designation-----

Signature-----

Date-----