



INSTITUTE OF PLANNING NIGERIA

(Founded in 2003)

P.O.BOX 22237 Ikeja Lagos, Nigeria

REGISTRATION FORM

Section 1 GENERAL INFORMATION

| | | |
|----------------------|----------------------|----------------------|
| Surname | First Name | Other Names |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--|---|----------------------|----------------------------|
| Title [Dr., Chief, Mr., Mrs., Miss] | Date of Birth [Day / Month / Year] | Nationality | State (if Nigerian) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Correspondence Address

| | | |
|----------------------------|-----------------------|----------------------|
| Telephone Number(s) | E-mail Address | Fax No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 2 ACADEMIC & PROFESSIONAL QUALIFICATIONS

In support of your application please submit a copy of your Curriculum Vitae and photocopies of your academic and professional certificate along with the completed application form.

Academic Qualifications: Indicate your academic qualifications, starting with the highest .
[Degree, A-Level/O-Level/Others]

| Name of Institution | Certificate/Degree attained (Quote discipline) | Date (from – to) |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Profession

Professional Qualifications: [ACA, ACIB, MNSE, MRCP, MPSN, MCIPS, AIMLS, ACII, AIPM, etc]

| Name of Institutions/Examining Body | Qualification Obtained | Date (from – to) |
|-------------------------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 3 EMPLOYMENT HISTORY

| | | |
|--|----------------------|-------------------------|
| 1. Name of Organization (Current) | Position Held | Date (from – to) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Main Responsibility (ies)

2. **Name of Organization** **Position held** **Date (from – to)**

Main Responsibility (ies)

3. **Name of Organization** **Position held** **Date (from – to)**

Main Responsibility (ies)

4. **Faculty (Area of Interest)**

Section 4 SPONSOR

Please give the name & full address of ONE sponsor, Your sponsor must be a professional member of the Institute or your department Head, who has knowledge about your professional responsibilities. Your sponsor is your Referee and therefore should not be someone related to you.

Name of Sponsor **Relationship with Sponsor**

Position in Organization **Sponsor's Sign/Date/Official Stamp**

Official Address [Including telephone number(s) and e-mail address]

Section 5 DECLARATION

Have you ever been convicted for any criminal offence? YES NO Have you ever been dismissed from any organization YES NO

If Yes, give details If Yes, give details

I declare that the information given herein is correct to the best of my knowledge and if my application is successful, I agree to be bound by the Rules and Regulations of the Institute as they now exist, and as they may hereafter be amended.

Signature of applicant _____ **Date** _____

Completed forms should be returned to:

**The Registrar,
Institute of Planning, Nigeria**
2nd Floor, Sizzlers Building, 33, Murtala Mohammed
International Airport Road, Isolo,
P.O.BOX 22237 Ikeja Lagos, Nigeria

| | |
|---|--|
| Date Received <input type="text"/> | For Official Use |
| Payment Receipt No. <input type="text"/> | Registration Number <input type="text"/> |
| Application Fee Paid <input type="text"/> | Name & Signature of Officer <input type="text"/> |
| Official Remark <input type="text"/> | |