



NIGERIAN INSTITUTE OF MANAGEMENT (CHARTERED)

(Founded 1961)

APPLICATION FORM FOR MANAGEMENT PROFESSIONAL EXAMINATIONS

Please quote this number in any correspondence with this office and return your completed form to:

*The Registrar,
Nigerian Institute of Management
Plot 22, Idowu Taylor, Victoria Island,
P. O. Box 2557
Lagos.*

Registration No

1. NAME:

Surname with Title

Other names

2. MARITAL STATUS

3. DATE OF BIRTH

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DAY

MONTH

YEAR

4. NATIONALITY

5. STATE OF ORIGIN

6. POSTAL ADDRESS

7. PERMANENT HOME ADDRESS

Attach
recent
Passport
Photograph

8. TELEPHONE(S)

9. E-MAIL ADDRESS

 Fax

10. EMPLOYMENT RECORD

	NAME OF ORGANISATION	POSITION HELD	PERIOD OF EMPLOYMENT	
			FROM	TO
1.				
2.				
3.				
4.				
5.				

11. EDUCATIONAL QUALIFICATION

	INSTITUTION	PLACE & COUNTRY	DEGREE, DIPLOMA OR CERTIFICATE OBTAINED	FIELD OF STUDY	YEAR ATTENDED	
					FROM	TO
1.						
2.						
3.						
4.						
5.						

12. DO YOU QUALIFY FOR EXEMPTION FROM ANY OF THE STAGES /SUBJECTS OF THE MPE PROGRAMME ? YES NO

* IF YES, COMPLETE THE EXEMPTION FORM

* IF NO, COMPLETE SECTIONS 13 AND 14 OF THIS FORM

13. EXAMINATION LEVEL FOUNDATION MPE I MPE II
 (Tick as appropriate)

14. SUBJECTS APPLIED FOR (See the syllabus)

S/N	SUBJECT	CODE
1		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8		MPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

15. DECLARATION OF APPLICANT

I, _____ hereby declare that the information given above is accurate in every detail and I agree to be governed by the Bye-Laws of the Nigerian Institute of Management as they now exist and as they hereafter may be enacted.

Signature of Applicant _____ Date _____

16. REFEREE

The referee must be a Professional Member of the Nigerian Institute of Management, a medical practitioner, a legal practitioner, a minister of Religion, a member of the Armed Forces of Nigeria not below the rank of Captain in the Army or equivalent in the Airforce or Navy, or a Superintendent of Police, or a Senior Civil Servant not below the rank of Officer Grade Level 10.

17. DECLARATION BY THE REFEREE

I, the undersigned hereby state that the applicant MR/MRS/MISS/DR/PROF/CHIEF _____ is of good character and in my opinion, a fit and proper person to be admitted as a student under the MANAGEMENT PROFESSIONAL EXAMINATIONS programme.

.....
Name of Referee

.....
Signature

.....
Date

FOR OFFICIAL USE ONLY

1. Date Application was Received
2. Evidence of Payment of Registration Fee of _____
3. Documents Enclosed
4. Official Remarks
5. Registration Officer (name & signatures)