



Chartered Institute of  
Personnel Management  
of Nigeria

# CIPM-RUN STUDY CENTRE

P.M.B. 230, Ede, Osun State, Nigeria.



Redeemer's University  
Directorate of Educational  
Services and Training

## APPLICATION FORM

Surname _____		Affix Passport Photograph
First Name _____	Other Names _____	
Residential Address: _____		

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Academic Qualification(s): \_\_\_\_\_ Religion: \_\_\_\_\_

Name & Address of Your School (If Student): \_\_\_\_\_

Name & Address of Employer (If Worker): \_\_\_\_\_

Diet Stage: \_\_\_\_\_

Amount paid to run study centre for coaching (Attach Receipt): \_\_\_\_\_

Would you be willing to abide by all our rules and regulations? \_\_\_\_\_ If Yes, Sign \_\_\_\_\_

Marital Status:  Married  Single  Widowed/(Er)  Divorced  Single Parent

Name & Address of Next of Kin \_\_\_\_\_

Phone \_\_\_\_\_

### Guarantor/Guardians'

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Official Use Only) Director's Remark \_\_\_\_\_

Please, return completed form in triplicate