

FELLOW NOMINATION AWARD FORM DECLRATION

It's the tradition of the institute to extend fellowship Award to Nigerians who have Distinguished themselves in their chosen careers. This awards are given prerogative Of the governing council of the institute and is purely on merit

Affix 2 recent Passport photographs

APPLICATION FORM FEE IS REQUIRED N15,000

1. CANDIDATES BIODATA

Surname:	
Other names:	
Date of birth:	
Nationality	
State of origin:	
Religion:	
Sex:	
Office address:	
Postal Address:	
Email:	Personal Phone Number:

2. INSTITUTE ATTENDED WITH DATES

- a. Secondary School/College
- b. Tertiary Institution
- c. Membership of professional bodies
- d. Others

3. EMPLOYERS

- a. State below the company you are currently working in
- b. Position
- c. The year you were employed

4. PREVIOUS HONOURS

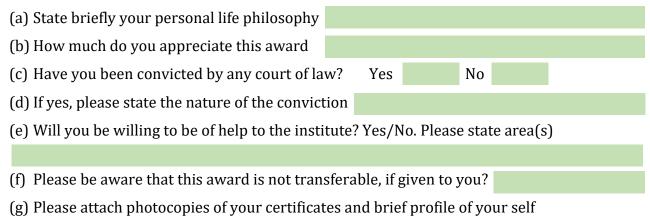
a. State below the dates the honours you previously received

((a)	
((b)	
5. I	HOBBIES	

(a) (b)

6. OTHER INFORMATION

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DECLARATION

Solemnly declare that all the information given by me in this application for are true and correct, that the institute has a constitutional right from the corresponding authority regarding the authenticity of the attached certificates or qualifications claimed by me, that, I will by all means abide by the constitutional Bye Laws establishing the institute to maintain and keep to the professional ethics, integrity and competence.

Signature:		Date	:		
	R	egistrar			
		nal Secretariat			
Certified institute of hospitality tourism and management centre.					
		r Gimbiya street area 11 Abuja			
	Phone Numbers: 08176157377, 09	027237596 Email: <u>registrar@cih</u>	tm.org		
A/C Name: Mon	a Institute of Management UBA: 102	1837260 Zenith Bank: 1016202794	4 GTB: 0265338282		