



CERTIFIED INSTITUTE OF HOSPITALITY TOURISM AND MANAGENT

Uniting Professionals

Promoting Excellence

Facilitating Learning

(Established by CAM Act 1990) NG/TM/O/2020/178699 RC: 1438005

FULL MEMBER, ASSOCIATE GRADUATE, STUDENT AND AFFILIATE NOMINATION AWARD FORM DECLARATION

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



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) [REDACTED]

(b) [REDACTED]

5. HOBBIES

(a) [REDACTED]

(b) [REDACTED]

6. OTHER INFORMATION

(a) State briefly your personal life philosophy [REDACTED]

(b) How much do you appreciate this award [REDACTED]

(c) Have you been convicted by any court of law? Yes [REDACTED] No [REDACTED]

(d) If yes, please state the nature of the conviction [REDACTED]

(e) Will you be willing to be of help to the institute? Yes/No. Please state area(s)
[REDACTED]

(f) Please be aware that this award is not transferable, if given to you? [REDACTED]

(g) Please attach photocopies of your certificates and brief profile of your self

DECLARATION

I [REDACTED]

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: [REDACTED]

Date: [REDACTED]

Registrar

National Secretariat

Certified institute of hospitality tourism and management centre.

Melita Plaza first floor Gimbiya street area 11 Abuja

Phone Numbers: 08176157377, 09027237596

Email: registrar@cihtm.org

A/C Name: **Mona Institute of Management**

UBA: 1021837260 Zenith Bank: 1016202794

GTB: 0265338282