



Motto: God the greatest Geographer

ICGN

RC 850620

THE INSTITUTE OF CERTIFIED GEOGRAPHERS OF NIGERIA

(Formerly Institute Of Geographers of Nigeria, Limited by Guarantee)

NATIONAL HEADQUARTERS: BZ 1&2 Sardauna Crescent, 1st Floor, ICEN Wing, Off Junction Road, P.O. Box 4333, Kaduna State,
Tel: 062-886894, 07028466118, 08029139010 E-mail:certifiedgeographers@yahoo.com

FELLOW REGISTRATION FORM

SECTION "A"

APPLICANT PERSONAL DATA

This Institute of Certified Geographers of Nigeria gives out fellowship to eminent Nigerians. The award is purely on merit and under the recommendation of the Governing Council or Board of Fellows.

FELLOW FEE = N 150,000.00 (One Hundred and fifty thousand naira only)

CANDIDATES INFORMATION

1. IDENTIFICATION

Name in full:	<input type="text"/>		
Office Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
E-mail Address	<input type="text"/>	GSM	<input type="text"/>
Date of Birth:	<input type="text"/>	Year:	<input type="text"/>
		Sex:	<input type="text"/>
Nationality:	<input type="text"/>	Tribe:	<input type="text"/>
Marital Status:	<input type="text"/>	Religion:	<input type="text"/>

2. EDUCATIONAL BACKGROUND WITH DATES

a.	Primary School:	<input type="text"/>
b.	High School:	<input type="text"/>
c.	College:	<input type="text"/>
		<input type="text"/>

d. University:

3. PRESENT ESTABLISHMENT:

State below your establishment so far if there is any with dates:

4. PREVIOUS HONOURS:

State your previous honours:

5. GENERAL INFORMATION:

a. Do you know that this Award is purely on merit?

b. Do you know that this Award is to motivate you the more?

c. Do you drink? If yes, what kind?

d. Do you smoke?

e. Do you have any case with Law Enforcement Agency?

Please explain,

f. Are you ready to help ICGN? Yes/No. Please state area

If financially, state monthly/yearly amount

g. Do you understand that you are not buying this award if given to you?

h. State how much you can contribute financially towards this award

I

Solemnly declared that all the information given in this application form are true and correct, that the Institute has a constitutional right to verify 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 **BY-LAWS** establishing the institute to maintain and keep to the professional ethics, integrity and competence of **“The Certified Geographers”**.

Signature:

Tel:

Date:

Approved by

Sign

Date

The chairman Board of Fellows