

THE INSTITUTE OF DEVELOPMENT ADMINISTRATION OF NIGERIA

STUDENT MEMBERSHIP FORM

APPLICATION NO.: _____



PERSONAL INFORMATION:

Full Name: _____
First Name Middle Name Last Name

Sex: _____ Date (dd/mm/yyyy): _____ Place of birth: _____

Current mailing
address: _____

State of Origin: _____ L.G.A. _____

Tel: _____ Mobile: _____ Email: _____

_____, Nationality: _____

Marital Status: _____

Permanent home mailing address:

CURRENT SCHOOL INFORMATION

Degree	Name and Location of Institution	Year of Enrollment	Majors/ Specialization	Aggregate Marks Obtained in %	Year of Passing
Diploma					
Certificate					
Higher Secondary					
Bachelor's					
Master's					
Qualification in view: _____					

1. Education:

Degree	Name and Location of Institution	Year of Enrollment	Majors/ Specialization	Aggregate Marks Obtained in %	Year of Passing
Diploma					
Certificate					
Higher Secondary					
Bachelor's					
Master's					
<p>Note: Enclose attested copies of all mark sheets and certificates.</p> <p>Particulars of Scholarships, Prizes, Awards, etc., awarded (Please use additional sheet if necessary)</p>					

MEMBERSHIP OF PROFESSIONAL BODIES

(Please attach photocopies of Certificate)

Name of Professional Body	Grade of Membership	Date of Election/ Membership Number	

PROFESSIONAL TRAINING COURSES ATTENDED

Name of Professional Body	Grade of Membership	Date of Election/ Membership Number	

Field Experience:

A:

Organization	Nature of Responsibility	Duration		Monthly Remuneration	Reason for Leaving
		From	To		

B:

Organization	Nature of Responsibility	Duration		Monthly Remuneration	Reason for Leaving
		From	To		

C:

Organization	Nature of Responsibility	Duration		Monthly Remuneration	Reason for Leaving
		From	To		

DECLARATION BY APPLICANT

I, _____ Declare that the statements made herein are correct to the best of my knowledge and belief, and that I agree to be governed by any Bye-Law/ Regulation and code of conduct of the Institute as they now exist and as they may be modified from time to time

Date: _____

Signature of the Applicant

Certification by superior officer/ Head of Dept. of the Applicant

Name / Position

Stamp & Signature

SPONSOR

(Must be a Course Coordinator or a Senior Lecturer)

Full Name: _____

Professional Membership: _____

Membership Grade: _____ **Membership #** _____

Rank: _____

Organization: _____ **Position:** _____

Signature

Date

OFFICIAL USE ONLY

Eligible: _____	Not Eligible: _____
Receipt No: _____	Date Received: _____
Date Registered: _____	
Recommended Grade: _____	
Form Processed By: _____	
Membership Number: _____	

Bank Details

Account Name: Institute of Development Administration of Nigeria
First Bank Account Number: 4562040000143
UBA Account Number: 01450030000393

All enquiries to:

The Registrar,
THE INSTITUTE OF DEVELOPMENT ADMINISTRATION OF NIGERIA
Suite 129 / 131 Ambeez Plaza, 15 Ndola Crescent, Opposite Old Corporate Affairs Commission,
Zone 5 Wuse, P.O Box 6928 wuse, Garki Abuja.
Email: info@idanonline.org, www.idanonline.org