

**The Institute of Development Administration of Nigeria**

*with moderation by*

**University of Ibadan**

**Distance Learning Center**

**PROFESSIONAL DIPLOMA  
APPLICATION**

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><b>Note: Enclose attested copies of all mark sheets and certificates.</b></p> <p><b>Particulars of Scholarships, Prizes, Awards, etc., awarded (Please use additional sheet if necessary)</b></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		

(PLEASE TICK) **PROGRAM APPLYING FOR:**

- DIPLOMA IN DEVELOPMENT ADMINISTRATION \_\_\_\_\_
- ADVANCE DIPLOMA IN DEVELOPMENT ADMINISTRATION \_\_\_\_\_
- POST GRADUATE DIPLOMA IN DEVELOPMENT ADMINISTRATION: \_\_\_\_\_

(PGD) Please state area of Specialization: \_\_\_\_\_  
\_\_\_\_\_

**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

**RECOMMENDATION**

**(Must be a Lecturer or direct Supervisor)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please comment freely on the applicant)

**Full Name:**\_\_\_\_\_

**Rank:**\_\_\_\_\_ **Organization:**\_\_\_\_\_

\_\_\_\_\_

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:**  
**College of Development Administration of Nigeria**

**First Bank Account Number: 4562040000152**

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