

The Chartered Institute of Supply Chain Management, Ghana.

STUDENT APPLICATION FORM

ALL ENTRIES IN BLOCK LETTER (Please tick as appropriate)

Name: _____

(Surname)

(Other names)

Date of Birth: _____ Sex: _____ Marital Status: _____

State of Origin: _____ Nationality: _____ Local Govt Area _____

Marital Status: _____ Religion _____

NYSC Completed (Tick X) Yes _____ Year: _____ No: _____

Contact Address: _____

Phone No.: _____ Mobile No.: _____ E-mail _____

Office Address: _____

Phone No: _____ Position: _____

Next-of-Kin: _____

Address: _____

EDUCATIONAL INSTITUTIONS ATTENDED WITH DATE:

Schools	Name of Institutions	Certificate	Year
Primary			
Secondary			
College			
Polytechnic			
University			
Post Graduate			

PROFESSIONAL EDUCATION

Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

DECLARATION

I Mr. _____ hereby declare that all the information supplied on this form is correct and that I bind myself to the rules and regulations regulating the professional examination of the institute from time to time.

Signature of Application

Date of Application

RECOMMENDATION

Referees must be a member of the following institute ACISM, ACIWM, ACA, ACIPS, ANAN, CPA, LLB,

Name: _____

Contact Address: _____

Occupation: _____ Position: _____

Institute Designatory Fellow/Full Member/Associate _____ No: _____

Phone Number: _____ Mobile: _____

Sign

Date

COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:

- a) 2 Passport Photographs
- b) Photocopy of certificate and diploma
- c) 2 Self addressed stamped envelopes
- d) Any other relevant documents
- e) Photocopy of the receipt/teller

FOR OFFICE USE ONLY

Comment(s)

Membership No.: CISCN _____

Registrar