

CHARTERED INSTITUTE OF ADMINISTRATORS AND MANAGEMENT CONSULTANTS-GHANA

REGISTRATION FORM FOR BASIC LEVEL EXAMINATIONS

Please read the following instruction carefully before completing this form

1. All questions must be answered
2. The form is for CIAMC registration purpose only, and not for your tuition center
3. This is NOT YOUR EXAMINATION ENTRY FORM. A separate form, AN EXAMINATION ENTRY FORM, must be completed and submitted before you write your examination in February or August or as may be indicated
4. Complete this form in BLOCK LETTERS
5. All fees are subject to change, however, timeout notification will be given

APPLICATION FOR STUDENT REGISTRATION

Name in Full -----

Postal Address -----

Date of Birth -----Telephone-----Fax -----

Email Address-----

Educational Qualification *(attach certified photocopies of your qualifications to support your application. DO NOT attach originals)*

Date	Qualification Attained	Grades Awarded

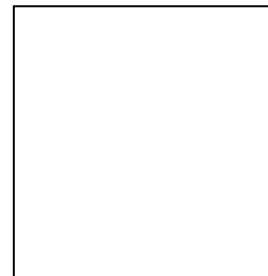
Work Experience (*attach your C.V. and documentary evidence of your current employment where applicable*)

Date	Company	Job Responsibilities

Declaration

I certify that if my application is accepted for Student Membership, I agree to abide by all the rules and regulations of the Institute. I enclose in payment of registration, membership and exemption fees

Passport Photograph



Signature of Applicant & Date

CHARTERED INSTITUTE OF ADMINISTRATORS AND MANAGEMENT CONSULTANTS-GHANA

MEMBERSHIP APPLICATION FORM

CIAMC IS A PROFESSIONAL BODY REGISTERED UNDER THE PROFESSIONAL BODIES
REGISTRATION DECREE, 1973 (NRCD 143) FOR THE PROFESSION OF PROFESSIONAL
ADMINISTRATION & MANAGEMENT CONSULTANCY PRACTICE IN GHANA

1. Title :(Dr., Prof., Nana, Mr., Mrs., Miss, Alhaji, Rev, Pastor, etc)
2. Legal Names: -----
3. Former Surname (if applicable)-----
4. Contact Address: -----
5. Mobile Telephone No: -----
6. Home Telephone No: -----
7. Email Address-----

WORK DETAILS

1. Place of Work: -----
2. Department: -----
3. Duty Post: -----
4. Rank: -----
5. Job Description: -----
6. Date of Last Promotion: -----
7. Expected Date of next promotion: -----
8. Office Telephone -Direct line: -----

- 9. General Telephone line: -----
- 10. Fax Number (if applicable): -----
- 11. Number of Subordinates: -----
- 12. Rank of Immediate Boss: -----
- 13. Number of years Service: -----
- 14. Past important offices held with dates: -----

EDUCATIONAL QUALIFICATION

- 1. Highest Educational Qualification held & date: -----

- 2. Highest Professional Qualification held & date: -----

- 3. List of Seminars, & in- service courses and workshops attended with dates:-----

- 4. Ongoing Course & date of expected completion: -----

SOURCE OF INFORMATION ABOUT CIAMC:

How did you get to know about the programme: Through

- (i) Knowledge about a colleague's membership
- (ii) Invitation by a Member
- (iii) Advert in the Print Media
- (iv) The Website

CHECK LIST FOR APPLICANTS

- Certified copies of certificates
- A detailed C. V (for workers only)
- 4 stamp size passport photographs
- Membership Registration Fee of GH¢ 150.00
- Application fee of GH¢50.00

Declaration

I hereby declare to the best of my knowledge that all documents and information submitted or made available by me for the process of this application are true and complete.

I understand that CIAMC reserves the right at any stage to withdraw a place which has been offered to me, or cancel my membership registration, which has been made on the basis of incomplete information.

Signature of Applicant & Date

Referee's Recommendation (CIAMC MEMBERS ONLY)

I hereby recommend the applicant for admission into the Basic Level Examinations Programme as applied. I found him/her adequately suitable in character and in experience

NAME: -----

PIN NUMBER: -----

PLACE OF WORK/TEL NUMBER: -----

REFEREE'S SIGNATURE & DATE: -----

FOR OFFICIAL USE ONLY

1. **STUDENT REGISTRATION NUMBER:** -----
2. **DATE OF REGISTRATION:** -----
3. **PIN** -----