



NATIONAL INSTITUTE OF
MARKETING OF NIGERIA
Chartered by Act No. 25 of 2003

NIMN
...Creating Value

Corporate Office:
CENTRE FOR MANAGEMENT DEVELOPMENT
(Training Complex)
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PROFESSIONAL EXAMINATION ENTRY FORM

Affix two (2)
recent
photographs

STAGE:STUDENT REG. NO.....

PREVIOUS EXAMINATION NUMBER:

- (A.) SURNAME:.....
(PLEASE COMPLETE IN BLOCK LETTERS)
- (B.) OTHER NAMES:.....
- (C.) CONTACT ADDRESS:.....
- (D.) TELEPHONE No.:..... (E.) DATE OF BIRTH:.....
- (F.) E-MAIL:..... (G.) SEX:.....
- (H.) STATE OF ORIGIN:.....(I.) PLACE OF PURCHASE:.....

SUBJECTS ENTERED FOR:	REFERRED SUBJECTS:

PLEASE INDICATE YOUR PREFERRED EXAMINATION CENTER BY TICKING ONE OF THE ACCOMPANYING BOXES

OSHOGBO	AKURE	ILORIN	BENIN	P-HARCOURT	LAGOS	KANO	ENUGU	IBADAN	ABEOKUTA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZARIA	ABUJA	CALABAR	JOS	OWERRI	OTHERS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

EXAMINATION DIET: JUNE: YEAR

 DECEMBER:

**PAYMENT SHOULD BE
MADE INTO:**

A/C Name: NATIONAL INSTITUTE OF MARKETING OF NIGERIA
A/C Number: 2012394438 Bank: First Bank of Nigeria

