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CHARTERED INSTITUTE OF CERTIFIED SECRETARIES & REPORTERS OF NIGERIA

No. 6 Alhaja Oluwakemi Street, Anthony Village, Lagos P M B 038 Shomolu-Lagos State.

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EXAMINATION ENTRY FORM

Entry Form No: April September Tick as appropriate							
Surname: First Name: First Name:							
Contact Address:Gender: Male Female							
Date of Birth: Age: Nationality: State of Origin:							
Telephone No. of Candidate:Email-Address:							
Membership Grade: CICSR MF/R Exam Centre Desired:							
Tick which of the following Examination you are entering: 1. Confidential Secretaries/Official Reporters Qualifying Courses, (Modules 1, 2 & 3 Exams) 2. Administration and Management Courses, Professional Examination (PE 1 & 2 Exams)							
MODULE EXAMINATIONS							
MODULE 1 1. Business Communication							
PROFESSIONAL EXAMINATIONS							
PE 1 Information Communication Technology Corporate Secretarial Practice Quantitative Techniques Business Communication Skills PE 2 1. Parliamentary and Judicial Procedures Strategic Management Public Sector Accounting A. Business Law and Company Law Corporate Governance Regulation Problems and Cases (Practical Solutions to Industry Problems)							
ND: Please tick appropriate box (as) on the examination subject required							

NB: Please tick appropriate box (es) on the examination subject required Examination fees: Examination fees for all subjects in each module or part are as follows: Modules N30,000 and Professionals N40,

DECLARATION

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and regulations go	overning the Instereby accept to l	itute's training and one disqualified from	examinations. I also	indemnify the	Institute against any fa	shall abide by the rules alse information I may y result and certificate
Candidate's signa	ture		Date			Affix post stamp
					her the Parent/Guardious to guarantee unkn	an, employer, HOD of own person.
Name of sponsor	(in full)					
Nature of occupat	ion/profession	Rank/Status				
Email		Phone number				
Signature		Date				
		FO	R OFFICIAL USE	ONLY		
1. Examination E	ntry Form approv	ved by:				
2. Candidate Examination No:Centre						
PATICULARS (OF AMOUNT R	ECEIVED				
Amount: N		(in words)	-			
Bank Deposited _						
Total Amount Rec	ceived:					
Mode of Remittar	nce:					
			Attach deposit sl	ip		
	Modules			Professionals		Remark
Number of subjects entered	Module 1	Module 2	Module 3	PE 1	PE 2	
Number of Referrals						
Results						
Received by			Passed to	0		
Processed by	Checked by					
Receipt acknowle	dged by					
Certificate issue	d/dispatched _					
Crossed checked	d					
Filed by Member						