



Chartered Institute of Administration

(A Professional and Examining Body Chartered by Act No. 103 of 1992 - Now Cap C7 LFN 2004)

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THE PROFESSIONAL EXAMINATION Entry Form

Month/Year of Examination	Examination Centre	Student Reg. No

PERSONAL PARTICULARS

Name (Surname First) _____

Male/Female _____

Date of Birth _____

Marital Status _____

Postal/Contact Address _____

E-mail _____

Telephone Number(s) _____

Method of Study _____
(Full Time, Part Time, Distance Learning, Independent Candidate)

Name of Study Centre _____
(If applicable)

Date Course Commenced _____

EXAMINATION SUBJECTS

Notes:

- 1) You must register in all subjects of each Level you are attempting, except subjects previously passed or exempted.
- 2) You are not allowed to attempt the subjects of any Level of the examination unless you have passed all the subjects of the preceding Levels or exempted therefrom.
- 3) Mark "X" in the box against the subject you are offering; "PP" for Previously Passed courses; "E" for exempted courses; "NA" for courses not applicable.

FUNDAMENTALS LEVEL	
Business Communication & Research Reporting	
Business and Corporate Law	
Business Mathematics	
Business Organizations	
Economics for Business	
Financial Accounting	

BUSINESS OPERATIONS LEVEL	
Business Taxation	
Distribution & Logistics	
Marketing Operations	
Management Accounting	
Production and Inventory	
Purchasing & Supply Operations	

MANAGEMENT LEVEL	
Financial Reporting	
Human Resources Management	
Organisational Management	
Pensions Administration	
Project Management	
Public Sector Administration	

STRATEGIC LEVEL	
Enterprise Strategic Management	
Management Control, Ethics and Governance	
Performance Management	
Strategic Financial Management	
Strategic Marketing Management	
Strategic Purchasing & Supply Chain Management	

Total Number of Subjects Entered _____ **Total amount of fee paid ₦** _____

DECLARATION

I declare that the information given in this Form is correct. I undertake to observe and abide by the rules and regulations of the College. I accept that fees once paid are not refundable under any circumstances.

I enclose a copy of official receipt evidencing payment of my examinations fee.

Signature of Candidate

Date