



THIRD INTELLIGENCE TRAINING INSTITUTE

Form No:

REGISTRATION FORM

Name:

Address:

Gender:

Marital Status:

Telephone:

e-mail:

Religion:

State of Origin:

Local Government of Origin:

State of Residence:

Nationality:

Occupation:

Address:

EDUCATIONAL QUALIFICATION

1.

2.

3.

Are you computer literate?

Areas of strength:

Programme of Study:

Course Code:

UNDERTAKING

I, hereby state that the above information given by me is true to the best of my knowledge, and that I shall be of good behaviour throughout the period of my studies in this Institute. By signing this form, I have agreed to abide by the rules and regulations guiding Third Intelligence Training Institute, and that I shall not disclose any confidential information, facts and figures which I may be exposed to in the course of my training, whether internal or external; to any unauthorized person or group of person, except I am mandated to do so by the issuing authority.

Name:

Signature: Date.....

FOR OFFICE USE ONLY

Remark:

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