

Application Form

74 Regular Recruits Intake for Non-Tradesmen/Women

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Application Number: 74RRI/KII/148/0062765

Category: Non Tradesmen/Women

Exam Centre: Command Children School, Ribadu Cantonment, Kaduna

Voucher Serial Number: 00276145

Voucher PIN: 1323048245

Title: Mr Surname: 1b ra him
First Name: Aliyu Other Names:

Date of Birth: 07-Jul-1993

State of Birth: Ka tsina

Town: Da nja

State of Origin: Da nja

State of Origin: Ka tsina

Height (meters): 1.72

Gender: Ma le Religion: Isla m

Marital Status: Sing le No. of Children:

Mobile: 08067288484 E-mail: contactumar55@yahoo.com

Residential Address: Mamman Yola Road Hayin Dogo Samaru, Zaria Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

Hobbies: Fo o the all Tribal Marks: No Tattoo/Body Marks: No

2 Next of Kin's Information

Full Name: Za ha ra d d e e n Ib ra him Relationship: Bro the r

Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

Occupation: Student Post:

Phone Number: 08039681338 Email:

3 Parent's / Guardian's Information

Full Name: Yahaya Ibrahim

Residential Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

4 Education Information

Level	School	Qualification	Started	Finished
Primary	l. IEA Iallon Kura Primary School	Primary School Leaving	1998	2004
	2.			
Secondary	1. Williams School of Commerce	SSCE	2004	2008
	2.			
Tertiary	1.			
	2.			



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SSCE	/ GCE	/ WASSCE	/ NECO	Result
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1	English Language	C 4	5	Physic s	E8
2	Ma the ma tic s	E8	6	IRK	С5
3	Geography	C 6	7	Hausa	C 6
4	C he mistry	C 5	8	Bio lo g y	F9

5 Referee's Information (3 Referees)

Full Name: Buha ri lb ra him Phone: 07061229923

Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

Full Name: Rabiu Tahir Phone: 08063166578

Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

Full Name: Jamilu Ibrahim Phone: 08065307249

Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

6 Further Information

Have you ever served in the Armed Forces or any other security agencies?	No
Give details (if Yes):	
Reason for leaving:	
Have you ever been detained by the Police?	No
State reason (if Yes):	
Duration of detention:	
Have you ever been convicted by a Court of Law?	No
State reason (if Yes):	

Conviction:

Have you ever travelled out of the country?

Travel details:

Do you have any relative serving or that served in the Armed Forces?

Full Name: Force:

Last Rank: Still in service?: No

Full Name: Force:

Last Rank: Still in service?: No



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APPLICANT'S DECLARATION



Application Number: 74RRVKV148/0062765

I IBRAHIM ALIYU, he re by declare that the information given in this application is true and that if found to be false I should be prosecuted.

Signature:		Date:	
	CERTIFICATION	BY PARENTS/ GUAF	RDIAN
		uitment Exercise and Ishall not of death or any injury which my	
1	Parent / Guardian		Witness
Name:		Name:	
Address:		Address:	
Signature:		Signature:	
Date:		Date:	



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LOCAL GOVERNMENT AREA CERTIFICATION



Particulars of Candidate.

Application Number: 74RRI/KII/148/0062765

Title: Mr Surname: 1b ra him
First Name: Aliyu Other Names:

Date of Birth: 07-Jul-1993State of Birth: Ka tsinaTown: DanjaLGA of Origin: DanjaState of Origin: Ka tsinaHeight (meters): 1.72

Gender: Male Religion: Isla m

Residential Address: Mamman Yola Road Hayin Dogo Samaru, Zaria Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

CERTIFICATION BY CHAIRMAN / SECRETARY

Icertify that the applicant IBRAHIM ALIYU is an indegene of Danja Town, Danja LG.A, Katsina State. And that to the best of my knowledge and be lief the facts stated on the form are correct.

Ihereby declare that if any statement made in connection with this application is proven to be false Ishould be prosecuted.

Name:	
Address:	
Signature (Council Stamp):	
Date:	



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POLICE CERTIFICATION



Particulars of Candidate.

Application Number: 74RRI/KII/ 148/0062765

Date:

Title: Mr Surname: 1b ra him
First Name: Aliyu Other Names:

Date of Birth: 07-Jul-1993

State of Birth: Ka tsina

Town: Da nja

LGA of Origin: Da nja

State of Origin: Ka tsina

Height (meters): 1.72

Gender: Male Religion: Isla m

Residential Address: Mamman Yola Road Hayin Dogo Samaru, Zaria Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

CERTIFICATION BY DPO			
Icertify that the applicant IBRAHIM ALIYU is an indegene of Danja Town, Danja LG.A, Katsina State and that his/herparent hails from Danja LG.A. of Katsina State. That he/she has no criminal record on him/her. (If any state briefly			
_). That to the best of my knowledge and be lief the facts stated in the form are correct and in the reby declare that if any statement made in connection with this application is proven to false I should be prosecuted.			
Name: Address:			
Signature:			



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GUARANTOR'S FORM



CERTIFYING PERSON'S PASSPORT PHOTOGRAPH

Particulars of Candidate.

Application Number: 74RRI/KII/148/0062765

Title: Mr Surname: $1b \operatorname{rahim}$ First Name: Aliyu Other Names:

Date of Birth: 07-Jul-1993State of Birth: Ka tsinaTown: DanjaLGA of Origin: DanjaState of Origin: Ka tsinaHeight (meters): 1.72

Gender: Male Religion: Isla m

Residential Address: Mamman Yola Road Hayin Dogo Samaru, Zaria Contact Address: Mamman Yola Road Hayin Dogo Samaru, Zaria

2 Particulars of Guarantor

Surname:	_ First Name:
Middle Name:	Town:
LGA:	State of Origin:
Mobile:	_E-mail:
Appointment:	How long have you known the candidate:
Formation/Unit/Office Address:	
Residential Address:	
Contact Address:	
Name	:
Rank/Appointment	:
Signature	:
Date/Stamps	

Note:

This form is to be filled by a **Military Officer not below the rank of Lt Col or equivalent/Police Officer not below the rank of Chief Superintendent of Police/Assistant Director at either Federal or State Civil Service certifying the eligibility of the applicant. You need not to come from an applicant's State of Origin to guarantee him/her only be sure of the character. Please note that inability to confirm the above given information about you, will lead to automatic disqualification of the candidate.**



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FOR OFFICIAL USE ONLY

Application Number: 74RRVKII/148/0062765Applicant's Full Name: IBRAHIM ALIYU Date Received: **Education Qualification:** Number Of Credits/Passes obtained (SSCE / GCE / WASSCE / NECO): **Documents Attached** a) b) C) d) e) **Detailed Result** a)Medical fitness: b)General aptitude test score: c) Vocational aptitude test score: **Remarks** a) Rank: b)Name: c)Signature and Date: **Director DARRR** a) Rank: b)Name:

c)Signature and Date: