

***Affix
1 Passport***



EVA INTERNATIONAL BUSINESS SCHOOL

Application Form

USA Office: 16192 Coastal Way Lewes,
De 19958 United State of America. Tel: +16463847321
Nigerian Office: Suite D63 Efab Plaza Area 11 Garki Abuja.
Tel: +234 (0) 8069168955
www.eibsglobal.com.ng, info@eibsglobal.com.ng



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APPLICATION PACKAGE

SECTION A: PERSONAL DETAILS Please complete in BLOCK CAPITALS

Surname: First Name:

Other Names: Previous Name:

State of Origin: Nationality:

Religion:

Contact Address/Office Address: Permanent Address:

GSM No: E-mail:

SECTION B: EDUCATION BACKGROUND Please complete in BLOCK CAPITALS

Academic Qualifications:

School attended with dates/Degree obtained

S/N	Institute	Course	Year Admitted	Year Graduated	Certificate Obtained
1.					
2.					
3.					
4.					
5.					

Professional Qualifications:

Professional Bodies/Certificate obtained and dates

S/N	Professional Body	Certificate	Date
1.			
2.			
3.			
4.			
5.			



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SECTION C: WORK EXPERIENCE Please complete in BLOCK CAPITALS

Name of Organisation, Address and Dates/Position held:

S/N	Organisation	Job Tittle	Date	Address
1.				
2.				
3.				
4.				
5.				

SECTION D: PROGRAM OF STUDY Please tick box

Please kindly select the type of program of study you are applying for.

- | | |
|---|---|
| <input type="checkbox"/> Bsc | <input type="checkbox"/> Honorary Doctorate Award |
| <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Distinguished Fellowship Award |
| <input type="checkbox"/> PGD | <input type="checkbox"/> Corporate Fellowship Award |
| <input type="checkbox"/> Msc | <input type="checkbox"/> Excellence Award |
| <input type="checkbox"/> MBA | <input type="checkbox"/> Humanitarian Service Fellowship Award |
| <input type="checkbox"/> PhD | <input type="checkbox"/> Outstanding Personality Fellowship Award |
| <input type="checkbox"/> DBA | <input type="checkbox"/> Professional Fellowship |
| <input type="checkbox"/> Fellowship Award | |

SECTION E: PAYMENT DETAILS Please complete in BLOCK CAPITALS

Amount: _____

Date of Payment: _____

Bank Name: _____

Zip Code: _____

State: _____

Country: _____

Mode of Payment

- Cash specify teller number
 Cheque specify cheque number
 Bank Transfer specify confirmation number

SECTION F: OATH Please complete in BLOCK CAPITALS

I..... hereby certify that above information are correct to the best of my knowledge.

Applicant's Signature..... Date.....

FOR OFFICIAL USE ONLY

Date Submitted Application: _____

Time: _____

Officer that received the Application: _____

Membership Status: _____

Amount Paid: _____

Signature: _____ Date: _____