



## EDUCATIONAL HISTORY

NAME OF COLLEGE / POLYTECHNIC / UNIVERSITY	PERIOD OF ATTENDANCE	QUALIFICATION(S) (INDICATE TYPE / DATE OBTAINED)

## PROFESSIONAL CERTIFICATION(S) & DATE OBTAINED

CERTIFICATION <small>NB: Use abbreviation incase of lengthy name</small>	CERTIFYING BODY <small>NB: Use abbreviation incase of lengthy name</small>	DATE OBTAINED	EXPIRATION DATE	CERTIFYING COUNTRY <small>NB: For NON-NIGERIAN Institutions</small>

## EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	POSITION OCCUPIED	PERIOD OF EMPLOYMENT	REASON(S) FOR LEAVING

## SPONSORSHIP / REFERENCE

NAME

PHONE NUMBER

E-MAIL ADDRESS

CONTACT ADDRESS

PROFESSIONAL AFFILIATION

GRADE / MEMBERSHIP NO.

SIGNATURE / DATE : \_\_\_\_\_

**ALL CORRESPONDENCE SHOULD BE FORWARDED TO**

**FORENSICS HOUSE: CIFCFIN SECRETARIAT; House 28, Sa'ad Abubakar, 64 Crescent, 6th Avenue, Gwarimpa, FCT Abuja**

**TEL: + 234 9056191443 +234 7030695406**

**EMAIL: INFO@CIFCFIN.ORG WEBSITE: WWW.CIFCFIN.ORG**