



0245



# INSTITUTE FOR HEALTH INSURANCE AND MANAGED CARE OF NIGERIA

INSTRUCTIONS: i. Use Black Biro Only ii. Write in Capital Letters

Passport  
photo.

## FELLOW DATA FORM

<b>First Name</b>	<b>Other Names</b>	<b>Surname</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Organisation**

**Residential Address**

  
  


<b>DOB</b>	<b>Nationality</b>	<b>State</b>	<b>Telephone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Institute Registration Number</b>	<b>Active E-mail</b>
<input type="text"/>	<input type="text"/>

**Name of Next of Kin**

**Academic & Professional Qualifications**

**Declaration:**

I declare that to the best of my knowledge, the information given above is accurate

Signature. \_\_\_\_\_

Thumb Print

Date