



Application Number:

DSSC27/2019/AKW/186/0006757

Department: INFORMATION

Specialisation

Computer Technology (Desktop Publishing)

Title: MR

Surname: INYANG

First Name: IBEREDEM

Other Name: Udo

Religion: christianity

Marital Status: Single

Gender: Male

Date Of Birth: 8/21/1992

State of Origin: AKWA-IBOM

LGA of Origin: Essien-Udim

Home Town: Ukana ikot oku

Mobile Number: 08052978206

etim

Height(Meters): 1.68

No. of Children:

Hobbies: Technological

research

Email:

Permanent Address Ukana ikot oku etim,

engen.inyang@gmail.com

Contact Address Abak road, Ukana ikot oku etim

Next of Kin's Information

Full Name: UKEME UDO

Relationship: BROTHER

Occupation: BUSINESS MAN

INYANG

Mobile Number: 08060815185

Post:

Email:

Parent's / Guardian's Information

Contact Address: Adeniyi street, ejibo, isolo L.G.A., Lagos State

Full Name: UDO UDO INYANG

Residential Address: Ukana Ikot Oku Etim, Essien

Udim



Referees

Referee Name	Referee Address	Referee Phone
Engr. Mrs. Bolanle Oduleye	HERITAGE POLYTECHNIC, IKOT UDOTA, EKET, AKWA IBOM STATE	08038065371
Engr. (Dr.) Umana Itaketo	UNIVERSITY OF UYO, UYO, AKWA IBOM STATE	08038794119

Primary Details

School	Qualification	From	То
Methodist School, Ukana, Essien Udim L.G.A	PSLC	1996	2002

Secondary Details

School	Qualification	From	То
Immanuel College, Ibiakpan, Ikot Ekpene L.G.A.	WAEC	2006	2012

Tertiary Details

Institution	Course of Study	Туре	From	То	Classification
Heritage Polytechnic, Ikot Udota, Eket L.G.A.	Computer Engineering	HND	2016	2018	Distinction



SSCE / NECO / WASSCE / GCE

Nysc Number: 004098055	Exam Number: 4041322096
Subject	Grade
Geography	A1 EXCELLENT
Biology	C6 CREDIT
English	B3 GOOD
Mathematics	C4 CREDIT
Physics	B3 GOOD



APPLICANT'S DECLARATION



Date:_____

Application Number: DSSC27/2019/AKW/186/0006757

Date:_____

l INYANG IBEREDEM, hereby declare tha found to be false I should be prosecuted	•	ication is true and that if
Signature:	Date:	
Certif	ication by Parents / Guardian	
I parent for recruitment into the Nigerian Navy, h required to) attend the Recruitment Exer Government in respect of death or any in result of any task given to him/her during	ereby certify that I fully understand t cise and I shall not demand compens ijury which my child/ward may susta	that my child/ward will (if sation or relief from the
Parent / Guardian	١	Witness
Name:	Name:	
Address:	Address:	
Signature:	Signature:	



Application Form LOCAL GOVERNMENT AREA CERTIFICATION



Application Number: DSSC27/2019/AKW/186/0006757 Title: MR **Surname: INYANG First Name IBEREDEM Other Name** Udo **Religion** christianity **Marital Status Single** Date Of Birth: Friday, August 21, 1992 **Gender** Male State of Origin: AKWA-IBOM LGA of Origin: Essien-Udim Home Town Ukana ikot oku etim Mobile Number 08052978206 Height(Meters) 1.68 Email: engen.inyang@gmail.com Permanent Address Ukana ikot oku etim, Certification by LGA Chairman / Secretary Or Senior Military Officer not below the rank of Commander or equivalent Or Chief Superintendent Of Police from Applicant's State of Origin I certify that the applicant _______ is an indigene of ______ L.G.A, State, and that to the best of my knowledge and belief, the facts stated on the form are correct. I hereby declare that if any statement made in connection with this application is proven to be false I should be prosecuted. Name: Address:_____ Signature:_____ Date:



POLICE CERTIFICATION



Application Number: DSSC27/2019/AKW/186/0006757 Title: MR **Surname: INYANG First Name IBEREDEM** Other Name Udo **Religion** christianity **Marital Status Single** Date Of Birth: Friday, August 21, 1992 **Gender** Male State of Origin: AKWA-IBOM LGA of Origin: Essien-Udim Home Town Ukana ikot oku etim Mobile Number 08052978206 Height(Meters) 1.68 Email: engen.inyang@gmail.com Permanent Address Ukana ikot oku etim, **Certification by Divisional Police Officer** I certify that the applicant ______ is an indigene of _____Town, L.G.A, ______ State and that his/her parent hails from _____ L.G.A. of ______ State. That he/she has no criminal record on him/her. (If any state briefly That to the best of my knowledge and belief the facts stated in the form are correct and I hereby declare that if any statement made in connection with this application is proven to be false I should be prosecuted. Name:_____ Address:_____ Signature:_____



GUARANTOR'S FORM



Application Number: DSSC27/2019/AKW/186/0006757

Title: MR Surname: INYANG

First Name IBEREDEM Other Name Udo

Religion christianity Marital Status Single

Date Of Birth: Friday, August 21, 1992 **Gender** Male

State of Origin: AKWA-IBOM LGA of Origin: Essien-Udim

Home Town Ukana ikot oku etim Mobile Number 08052978206

Height(Meters) 1.68 Email: engen.inyang@gmail.com

Permanent Address Ukana ikot oku etim,

Particulars of Guarantor

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

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.



FOR OFFICIAL USE ONLY



Application Number:	DSSC27/2019/AKW/186/0006757
Applicant's Full Name:	INYANG IBEREDEM
Date Received:	
	Number Of Credits/Passes obtained (SSCE / GCE / WASCE / NECO):
Documents Attached	·
	a)
	b)
	c)
	d)
B	e)
Detailed Result	
	Medical fitness:
	General aptitude test score:
	Vocational aptitude test score:
Remark	
	Rank:
	Name:
Divertor	Signature and Date:
Director	Deal
	Rank:
	Name:
	Signature and Date: