PHOTO CARD

Surname Attah

First Name Michael

Other Name(s) Onazi

Application Number DSSC/26/2021/7957

DSSC Course DSSC/26/2021



Application Number	DSSC/26/2021/7957
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Full Name Attah Michael Onazi

State of Origin Benue

Address Chief Philip Agbese Palace, New Agila Layout, Apa Agila, Ado

LGA Bneue State



Name and Signature of Commisioner for Oaths

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

(To be made at a recognised court of law)

l Parent/	Guardian of		who is a candidate	for the DSSC into the
NIgerian Army DO SOLEMLY AND SI	NCERELY DECLARE as foll	ows:		
1. I am a citizen of the Federal R	epublic of Nigeria and hail fro	om	LGA of	State.
2. I agree that child/ward, upon ir	vitation, shall attend the DS	SC Selection Boa	rd Interview.	
I shall not claim any compensationsconducted by the said DSSC \$\frac{1}{2}\$	· ·	ury or death whicl	n may result in the cou	rse of tests/exercises
4. I shall not intefere with the train	ning of my child/ward in wha	tsoever manner if	he is selected by the D	OSSC Selection Board.
5. My Child/Ward and I shall not	enter into any corresponden	ce with the Nigeria	n Army on the outcom	e of the result of the DSSC
Selection Board.				
I understand that my Child/Wa	rd will be subject to the provi	sions of the Arme	d Forces Decree (No.	105) as amended and I
MAKE THIS SOLEMN DECLA 1963.	ARATION CONSCIENTIOUS	SLY BELIEVING I	「TO BE TRUE in acco	ordance with the Oath Act of
Parent/Guardian Sign		Date		
Swort at	this day of	20	_	
		Poforo Ma		

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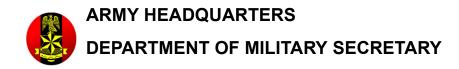


ATTESTATION OF LOCAL GOVERNEMENT AREA OF ORIGIN

To be completed by the Chairman or Secretary of Your Local Government Area or any military officer of Rank of Lieutenant Colonel or Equivalent and Above who hails from your State. Parent/Guardians will not sign for their Children/Wards and **MUST** ensure that this section is completed.

State of Origin (of endorsing officer)	LGA	LGA	\ Hqtrs
I certify that	hails from	state,	Local Government Area.
Name			
Signature Date			
Phone Numbers: GSM	Land Line		

Date: ___



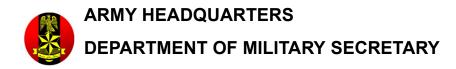
REFERENCE FORM FOR DSSC CANDIDATES

(Any false information provided on an applicant could attract criminal prosecution in a court of law)

To be completed by a Local Government Chairman/ Secretary or an officer of the Armed Forces not below th rank of a Lieutenant Colonel and equivalent or an Assistant Commissioner of Police and above who must hail from the same state as the applicant.

Application Number	DSSC/26/2021/7957			
Full Name	Attah Michael Onazi			
Date of Birth/ Gender	1992-09-03/Male			
State of Origin (LGA)	Benue(Ado)		i V	
comment freely on the a	pplicant's character any factors tha	at you believe cou	ld be beneficial to the Nigeria	an Army if the Applicant is
		to Referees/Gua		
	nding any applicant's form as ref facts. This includes Date of Birth	-	~ ~	
	:			
• Phone:				
Signature:				

Date: ___



REFERENCE FORM FOR DSSC CANDIDATES

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Application Number	DSSC/26/2021/7957			
Full Name	Attah Michael Onazi		(98)	
Date of Birth/ Gender	1992-09-03/Male			
State of Origin (LGA)	Benue(Ado)			
Comment freely on the a hortlisted	pplicant's character any factors tha	t you believe could be	e beneficial to the Nigerian Arn	ny if the Applicant is
	<u>Caution</u>	to Referees/Guaran	tors	
	nding any applicant's form as ref acts. This includes Date of Birth	-		• • • • • • • • • • • • • • • • • • • •
Name of Referee	:			
	·			-
				·
Phone:				
Signature:				_