

PHOTO CARD

Surname	Attah
First Name	Michael
Other Name(s)	Onazi
Application Number	DSSC/26/2021/7957
DSSC Course	DSSC/26/2021





ARMY HEADQUARTERS

DEPARTMENT OF MILITARY SECRETARY

Application Number DSSC/26/2021/7957

Full Name Attah Michael Onazi

State of Origin Benue

Address Chief Philip Agbese Palace, New Agila Layout, Apa Agila, Ado
LGA Bneue State



DECLARATION BY PARENT/GUARDIAN OF APPLICANT

(To be made at a recognised court of law)

I _____ Parent/Guardian of _____ who is a candidate for the DSSC into the Nigerian Army DO SOLEMNLY AND SINCERELY DECLARE as follows:

1. I am a citizen of the Federal Republic of Nigeria and hail from _____ LGA of _____ State.
2. I agree that child/ward, upon invitation, shall attend the DSSC Selection Board Interview.
3. I shall not claim any compensation or other relief for any injury or death which may result in the course of tests/exercises conducted by the said DSSC Selection Board.
4. I shall not interfere with the training of my child/ward in whatsoever manner if he is selected by the DSSC Selection Board.
5. My Child/Ward and I shall not enter into any correspondence with the Nigerian Army on the outcome of the result of the DSSC Selection Board.
6. I understand that my Child/Ward will be subject to the provisions of the Armed Forces Decree (No. 105) as amended and I **MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE** in accordance with the Oath Act of 1963.

Parent/Guardian Sign _____ Date _____

Sworn at _____ this _____ day of _____ 20 _____

Before Me _____
Name and Signature of Commissioner for Oaths

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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 _____

**ARMY HEADQUARTERS****DEPARTMENT OF MILITARY SECRETARY****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 the 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)



Comment freely on the applicant's character any factors that you believe could be beneficial to the Nigerian Army if the Applicant is shortlisted

Caution to Referees/Guarantors

Applicants submitting any applicant's form as referee or guarantor are strongly advised to be wary of applicants who fraudulently falsify facts. This includes Date of Birth, Date of Enlistment for personnel, state of origin as well as LGA of origin.

- Name of Referee: _____
- Contact Address: _____
- Email: _____
- Phone: _____
- Signature: _____
- Date: _____

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