



Teachers Registration Council of Nigeria

Professional Qualifying Examination

APPLICATION FORM



EXAM NO

TRCN STATE OFFICE

Personal Details

Title

Matric No

First Name

Middle Name (if applicable)

Family Name/Surname/Last Name

Date of Birth

NIN

Gender

Home Address

Address

State of Origin

LGA

Nationality

personal email address

Home Telephone

Mobile Number

Current Work Details

Institution Job title (e.g teaching, administration)

Address

State

LGA

Office email address

Acknowledgement Slip

Name of Applicant

Category of Examination

Exam No



Education Details

Certificates Obtained	Name of Institution	Year of Award
Higher Institution(s) Attended		
NCE	Adeyemi College of Education	2022/2023

Areas of Professional Specialization (Course of Studies)

sos/crs

Category of Examination

NCE

Declaration

I hereby confirm that the information that I have provided is true and correct.

Date

Signature

- NOTE:
1. Two recent colour passport photographs to be attached to this form

2. Photocopies of certificates (Birth, Educational, and/or Change of Name) to be attached to this form

3. Evidence of payment to be attached to the form.

4. Any form not adequately or correctly filled will be rejected.

5. Examination fee if non-refundable.

For Official Use Only

Date application was received

Application approved/rejected

Center

Examination number allocated

Processing Officer's Signature/Date

State Coordinator's Signature/Date

Teachers Registration Council of Nigeria

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Off Aminu Kano Crescent

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