

# ISMN

## INSTITUTE OF STRATEGIC MANAGEMENT NIGERIA NOMINATION FORM

### PROFILE OF CANDIDATES FOR ELECTION TO COUNCIL – JULY 2016

Please read the notes below carefully.

#### NOTES:

Candidates are to use this prescribed form for their profile. No additional sheet will be entertained. Please comply.

#### Guidelines for Completion of the Form

- a. *The purpose of this Form is to standardize information about members standing for election into Council. Candidates are advised to be concise and provide only information, which are of direct relevance to the institute. Total write up shall not exceed 2 pages;*
- b. *Passport Photograph: 2" by 2" inches yellow background, coloured*
- c. *If you have any complaint, send an e-mail to [electoralcommittee@ismng.org](mailto:electoralcommittee@ismng.org)*

1. SURNAME \_\_\_\_\_  
FIRSTNAME: \_\_\_\_\_ OTHER NAMES \_\_\_\_\_  
TITLE(S): \_\_\_\_\_ AGE \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_

PASSPORT  
PHOTOGRAPH

2. MEMBERSHIP NUMBER: \_\_\_\_\_

2a) CATEGORY OF MEMBER : FULL

FELLOW

3. **ACADEMIC QUALIFICATIONS**

Institutions Attended	Date	Qualifications Obtained
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- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

4. **RELEVANT PROFESSIONAL QUALIFICATIONS**

**QUALIFICATION**

**DATE**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. **RECOGNISED PROFESSIONAL TRAINING/CAREER RECORD**

(List only approved professional training leading to membership of ISMN as well as employment career and position held).

**Institution**

**Designation**

**Date**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

6. **SERVICES TO THE INSTITUTE (List services to the Institute, Committees, District, State Chapter)**

a. **COUNCIL**

Name	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. **Board of Fellows/Synergy group**

c. **Committees**

Name	Position	Date
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

d. **AD-HOC COMMITTEES**

**Name**

**Position**

**Date**

_____	_____	_____
_____	_____	_____

e. **District/State Chapters**

**Name**

**Position**

**Date**

_____	_____	_____
_____	_____	_____

f. **ISMN State Chapter you belong to:**

7. **SERVICES TO THE PUBLIC** (Please list only services relating to Government appointments, assignments and organized private sector)

**Organization**

**Position**

**Date**

a \_\_\_\_\_

_____	_____	_____
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b	_____	_____	_____
c	_____	_____	_____
d	_____	_____	_____
e	_____	_____	_____

**8. EXCEPTIONAL ACHIEVEMENTS AND CONTRIBUTIONS TO THE INSITUTE (List them):**

	<b>ACHIEVEMENTS</b>		<b>DATES</b>
a	_____	_____	_____
b	_____	_____	_____
c	_____	_____	_____
d	_____	_____	_____
e	_____	_____	_____

**9. MEMBERSHIP OF ISMN TECHNICAL COMMITTEE**

	<b>Name of Faculty</b>	<b>Position</b>	<b>Date</b>
a	_____	_____	_____
b	_____	_____	_____
c	_____	_____	_____

**10. HONOURS, AWARD AND PRIZES**

	<b>Awarding Institution</b>	<b>Award</b>	<b>Date</b>
a	_____	_____	_____
b	_____	_____	_____
c	_____	_____	_____
d	_____	_____	_____

**11. PROPOSED CONTRIBUTIONS TO THE GROWTH AND DEVELOPMENT OF THE INSTITUTE IF ELECTED/RE-ELECTED INTO COUNCIL (Not More than 100 Words)**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_