



IT EXECUTIVE / COMMITTEE ALLEGIANCE FORM

One Vision, Connecting Networks

A. PERSONAL DATA

1. Surname _____ First Name _____
Middle Name _____

2. Gender: M F Date of Birth: Day Month Year

3. Residential Address _____
Phone No.: _____ E-mail: _____ Twitter: _____
BBM: _____ Facebook ID _____ Other Social Media Handle _____
Whatsapp Phone No.: _____ Home Town: _____ L.G.A: _____
State of Origin: _____ Nationality: _____
Hobbies: _____ Marital Status: _____
Place of Work(s): _____ Designation: _____
Address: _____

4. Institution / IT Academy _____
Course of Study: _____ Qualification: _____

Affix
Passport
Here

B. LEVEL OF SERVICE?

Int'l National State Others _____

Position / Department Nominated: _____

C. MEMBERSHIP STATUS (IT Alumni) ITM Learning Project

Are you a member IT Alumni (ITM Learning Project) If YES, Attach a copy of membership certificate

Date of Membership: _____

Are you a member of any Department in IT Alumni (ITM Learning Project)? YES NO

If YES, which Dept/Service unit _____

Hobbies _____

I _____ confirm that the information I have provided is correct, I promise to abide by the rules & regulations of IT Alumni (ITM Learning Project). Executive / Committee Membership valids for 2 years if all conditions, duties are continually satisfied. Every Member is an IT Volunteer. Applicant Sign & Date _____

OFFICIAL USE ONLY

Application status: Accepted In View Rejected

Approved By: _____ Director's Sign & Date: _____ Secretary's Sign & Date: _____

- * Attach 2 Passport Photograph (name and signature at the back of photograph)
- * IT Alumni membership certificate
- * 1 copy of IT certifications and credentials. Dress Code: Corporate