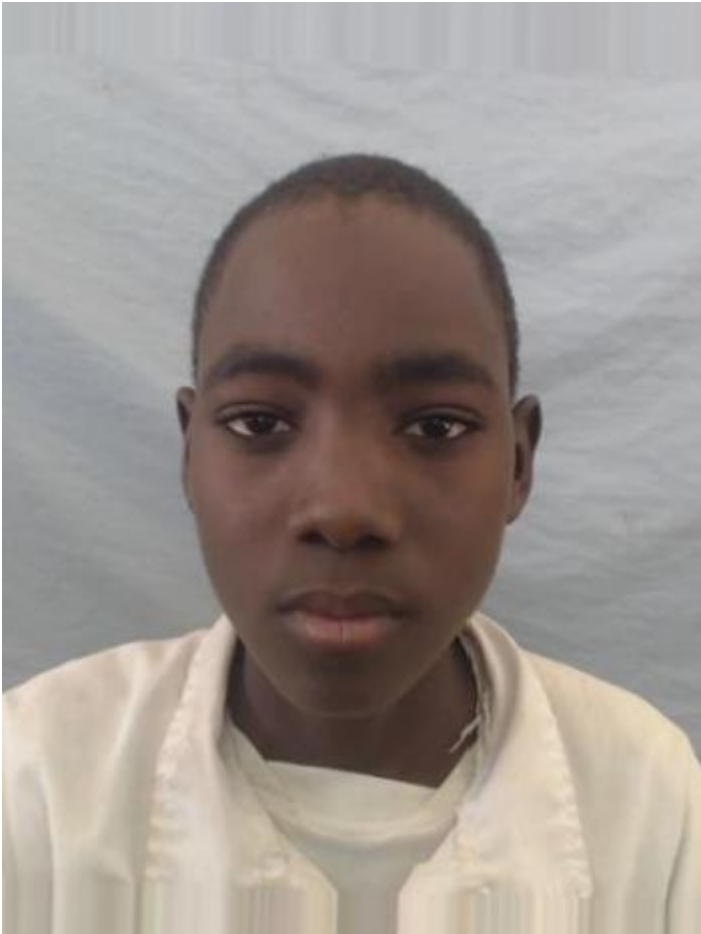
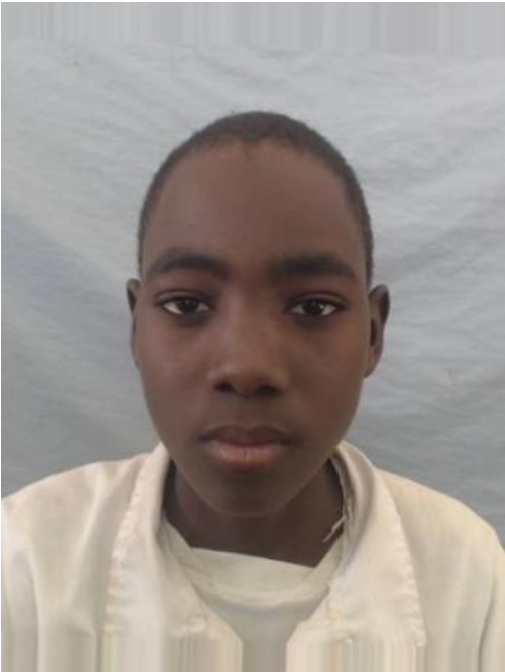


PHOTO CARD

Surname	KABIRU
First Name	IBRAHIM
Other Name(s)	None
Regular Intake	87RRI
Application Number	87RRI/JI/616349
Date Of Birth	2005-08-17
State Of Origin	Jigawa
LGA	Babura
Type Of O'Level	NECO
NOK Name	KABIRU MAIUNGUWA
NOK Phone Number	08057678179





ARMY HEADQUARTERS

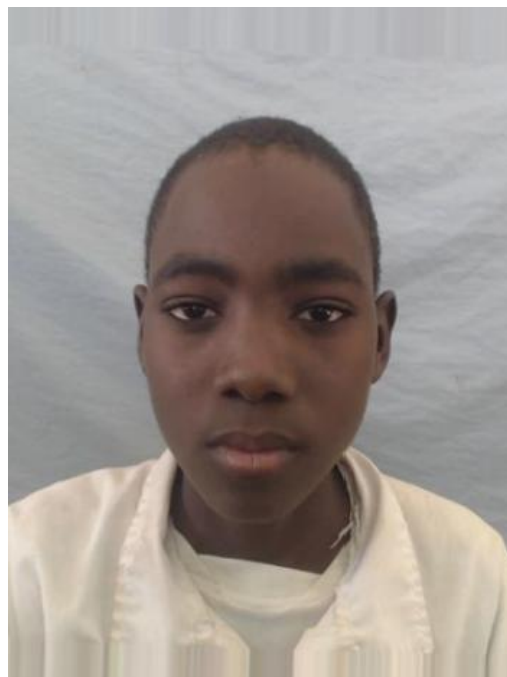
DEPARTMENT OF ARMY ADMINISTRATION

Application Number 87RRI/JI/616349

Full Name KABIRU IBRAHIM None

State of Origin Jigawa

Address Mumbayya house



DECLARATION BY APPLICANT

I (above named) hereby declare that the information given in this application is true and if found to be false I shall be prosecuted.

Sign _____ Date _____

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

(To be made at a recognised court of law)

I _____ parent/guardian of IBRAHIM KABIRU who is applying for the recruitment into the Nigerian Army, hereby certify that I fully understand that my child/ward will (if required to) attend the Recruitment Exercise and I shall not demand compensation or relief from the Governemnt in respect for death or injury which my child/ward may sustain in the course of or as a result of any task given to him during the exercise.

Parent/Guardian Sign _____ Date _____

Parent/Guardian Witnesses

Before Me _____

Name and Signature of witness

Address _____

Date _____

Before Me _____

Name and Signature of witness

Address _____

Date _____



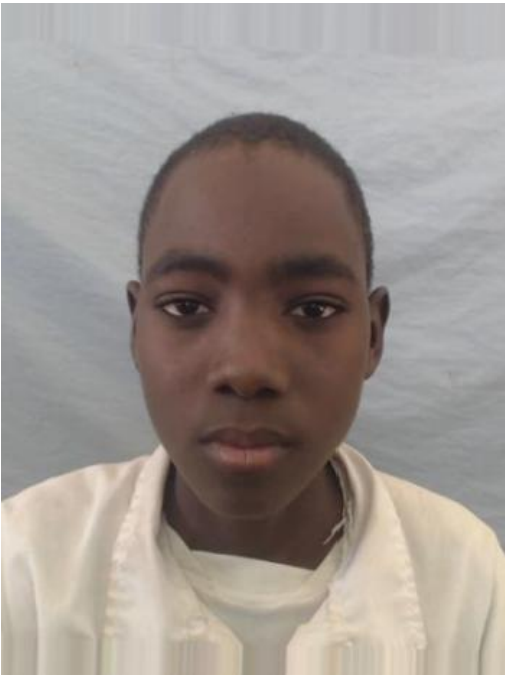
ARMY HEADQUARTERS
DEPARTMENT OF ARMY ADMINISTRATION

Application Number 87RRI/JI/616349

Full Name KABIRU IBRAHIM None

State of Origin Jigawa

Address Mumbayya house



CERTIFICATION BY LOCAL GOVERNMENT CHAIRMAN/SECRETARY

I certify that the applicant _____ is an indigene of _____ LGA _____ State. To the best of my knowledge and belief the facts stated on the form are correct.

Name: _____

Address: _____

Signature (Council Stamp): _____

Date: _____

CERTIFICATION BY DPO

I certify that the applicant _____ is an indigene of _____ LGA _____ State and that his/her parent hails from _____ LGA _____ State. That he/she has no criminal record (If any state below).

This is to the best of my knowledge and belief the facts stated in the form are correct and I hereby declare that if any statement made in connection with htis application is preven false. I shall be prosecuted.

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

- Signature: _____
- Date: _____



ARMY HEADQUARTERS
DEPARTMENT OF ARMY ADMINISTRATION

GUARANTOR'S FORM

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

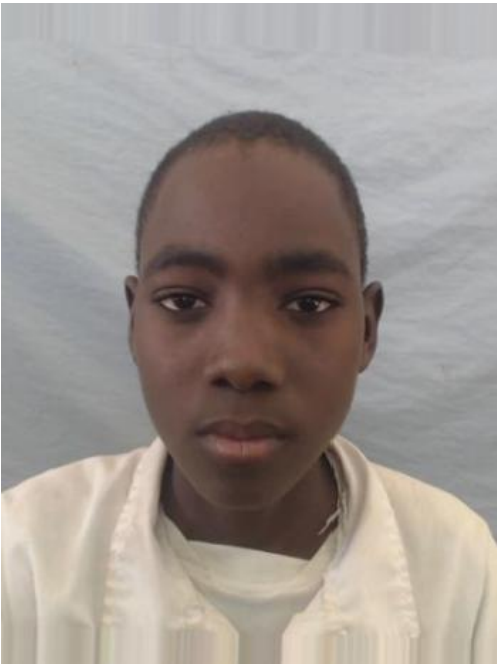
To be completed by A Military Officer not below the rank of Major or equivalent Police Officer not below the rank of Chief Superintendent of Police/Assistant Director of either Federal or State Civil Service certifying the eligibility of the applicant. You need not to come from the applicant's State of Origin to guarantee him/her only be sure of the character. Please note that inability to confirm the below given information about you will lead to automatic disqualification of the candidate.

Application Number 87RRI/JI/616349

Full Name KABIRU IBRAHIM None

Date of Birth/ Gender 2005-08-17/Male

State of Origin (LGA) Jigawa(Babura)



PARTICULARS OF GUARANTOR



- First Name: _____
- Surname: _____
- Other names: _____
- Contact Address: _____
- Email: _____
- Phone: _____
- State of Origin: _____

- LGA: _____
- Town: _____
- Formation/Unit: _____
- Rank/Appointment: _____
- How long have you known the applicant?: _____

- Signature: _____
- Date/Stamp: _____