



**INTERNATIONAL CHRISTIAN
INTERVENTION & RELIEF
ORGANIZATION**

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ICIRO NO:

\$10

ICIRO COORDINATOR BIODATA FORM

NAME:.....

EMAIL:.....

TELEPHONE:.....

ADDRESS:.....

.....

TOWN/ COUNTY:.....

STATE OF ORIGIN:.....

NATIONALITY:.....

GENDER:..... **HIGHEST EDUCATIONAL QUALIFICATION**.....

MARITAL STATUS:

.....
SIGNATURE

(Applicant)

.....
SIGNATURE

(ICIRO Country Rep)