



**NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY
FEDERAL MINISTRY OF SCIENCE AND TECHNOLOGY
NATIONAL SECRETARIAT, SAMONDA, IBADAN**



**REGISTRATION OF VENDOR FOR SUPPLY OF
LABORATORY EQUIPMENT, CHEMICALS AND REAGENTS**

APPLICATION FORM NUMBER:

*This form Should be completed and returned to the Registrar of the Institute, with the appropriate form registration fees (N5,000) and photocopies of all relevant documents
(Attach necessary credentials/certificates)*

SECTION A: DETAILS OF COMPANY OWNER

NAME OF BUSINESS OWNER:

ADDRESS OF BUSINESS OWNER:

EMAIL OF BUSINESS OWNER:

PHONE NUMBER OF BUSINESS OWNER:

ACADEMIC QUALIFICATION OF BUSINESS OWNER:

PROFESSIONAL QUALIFICATION OF BUSINESS OWNER:

SUBMIT MEANS OF IDENTIFICATION: VOTER'S CARD DRIVER'S LICENSE
INTERNATIONAL PASSPORT NATIONAL ID CARD

Company Owner
Affix recent
Passport

ATTACH: CURRICULUM VITAE, ACADEMIC CERTIFICATE(S), CAC CERTIFICATE

SECTION B: DETAILS OF COMPANY

COMPANY/BUSINESS NAME:

TYPE OF COMPANY: Public Private

YEAR OF INCOPORATION (REGISTRATION WITH CORPORATE AFFAIRS COMMISSION):

CAC REGISTRATION NUMBER:

LOCATION/ADDRESS OF BUSINESS:

CITY/TOWN: **STATE:**

COMPANY EMAILADDRESS:

COMPANY TELEPHONE NO.:

COMPANY TELEPHONE NO. 2:

CATEGORY A: SUPPLIES BETWEEN (< N1,000,000)

CATEGORY B: SUPPLIES BETWEEN (>N1,000,000- <N5,000,000)

CATEGORY C: SUPPLIES BETWEEN (>N5,000,000)

(Check recent NISLT registration guideline on payment for various categories)

EQUIPMENT SUPPLY

CHEMICAL SUPPLY

REAGENTS SUPPLY

OTHERS

MENTION (if others):

PREVIOUS TRAINING ATTENDED:

TRAINING ON TRANSPORTATION OF CHEMICALS/REAGENTS: YES NO

TRAINING ON CHEMICALS/REAGENTS STORAGE: YES NO

TRAINING ON EQUIPMENT TRANSPORTATION: YES NO

TRAINING ON EQUIPMENT STORAGE: YES NO

TRAINING ON EQUIPMENT INSTALLATION/ MAINTENANCE: YES NO

METHOD OF WASTE DISPOSAL:

STATE MEASURES ADOPTED FOR PERSONNEL SAFETY:

SAFETY MEASURES ADOPTED FOR HANDLING OF CHEMICALS/REAGENTS:

SECTION C: DETAILS OF NISLT REGISTERED MEMBER WITH ANNUAL PRACTICING LICENSE: *(It is compulsory to have a registered member of the Institute with current annual practicing license as a staff/Consultant/Adviser for the Company.)*

NAME:

NISLT REGISTRATION NUMBER:

YEAR OF REGISTRATION:

MEMBERSHIP GRADE: ORDINARY ASSOCIATE FELLOW

ACADEMIC QUALIFICATIONS:

SCHOOL ATTENDED:

SLT OPTION:

CONTACT ADDRESS:

EMAIL:

PHONE NUMBER:

SECTION D: OFFICAL REMARK

FOR OFFICIAL USE ONLY	
Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
If Not Eligible state reason (s):	
.....	
.....	
Receipt No.	
Date Received:	
Date Registration:	
Form Processed by:	
Final Remarks:	

*For further information and enquiries, please contact the Registrar/Chief Executive Officer
Nigerian Institute of Science Laboratory Technology
National Secretariat Samonda, P.O. Box 9764 U.I. Post office, Ibadan*

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