

NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY

(Founded in 1971 and established by Act of the national Assembly no 12 of 2003)



Receipt No:

FORM M

FELLOWSHIP APPLICATION FORM

COMPLETE THE FORM LEGIBLY

1.	Title	
2.	Last Name (Surname)	
3.	First Name	
4.	Middle Name	
5.	NISLT Associate membership Registration Number	
6.	Year of Associate membership Registration	

(If names have been change, please enclose press. e.g. press cuttings)

7.	Date of Birth	
8.	State of Origin	
9.	Local Government Area	
10.	Correspondence Address	
11.	Telephone Number	
12.	Email Address	
13.	Residential Address	
14.	Name of Institution	

(Applicant should notify N.I.S.L.T. immediately of any subsequent change of address, quoting their registration number)

15.	Name of Next of Kin	
16.	Address of Next of Kin	
17.	Phone No. of Next of Kin	
18.	Email Address of Next of Kin	

19. Educational Qualifications (Please attach photocopies of certificate)

Institution	Period		Qualifications
	From	To	

20. O level/Secondary School Certificate results (First sitting):

Name of School/Examination Centre		
Examination Number		
Examination Year		
S/N	SUBJECT	GRADE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

21. O level/Secondary School Certificate results (Second sitting):

Name of School/Examination Centre		
Examination Number		
Examination Year		
S/N	SUBJECT	GRADE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

22. Professional training courses attended with dates:

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23. Area of specialization in Science Laboratory Technology:

24. Membership of other relevant professional bodies: (Attach photocopies of certificates)

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25. Employment records

Name of Organization	Address of organization	Date	Post held

(a) Name and address of present employer/organization:

.....

26. Name and addresses of two referees (One of which must be a current financial FELLOW of NISLT):

(i)

.....

(ii)

.....

DECLARATION BY APPLICANT

- (i) I, hereby declare that all information given in this form are correct to the best of my knowledge and belief.
- (ii) Any false or incomplete information given in this form will automatically disqualify me from being considered for admission into the Institute.
- (iii) I shall accept as final the decision of the Council whether or not my application is successful.
- (iv) If admitted, I undertake to accept and agree to the enabling Act and the bye-laws of the Nigerian Institute of Science Laboratory Technology as they now exist and as they may from time to time be amended or enacted.
- (v) I shall make all necessary payment, stipulated for the program.
- (vi) All my annual subscriptions have been cleared.
- (vii) I will attend all Physical or Online lectures designed for the programme and take part in the Examinations.

.....

.....

FULL NAME

SIGNATURE AND DATE

FOR OFFICIAL USE ONLY	
Eligible	Not Eligible
Receipt No.:	
Date Received:	
Date Registered:	
Form Processed by:	

This form should be filled and returned to the Registrar of the Institute with the appropriate registration fees subscription.

*For further information and enquiries, please contact the Director General/ Registrar/Chief Executive Officer
Nigerian Institute of Science Laboratory Technology*

*Samonda, Sango/U.I. Road, P.O. Box 9764, U.I. Post Office, Ibadan, Oyo State, Nigeria.
Tel:- 08062117814, 08030787747,*

*E-mail: inform@nisl.gov.ng, enquiry@nisl.gov.ng
website: www.nisl.gov.ng*

FORM 1

NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY

(Founded in 1971 and Established by Act of the National Assemble No 12 of 2003)



NATIONAL SECRETARIAT, SAMONDA, IBADAN

P.O. BOX 9764, U.I POST OFFICE, IBADAN

Oyo State, Nigeria

[Tel:08062117814,08030787747](tel:08062117814,08030787747)

**Email: inform@nisl.gov.ng;
enquiry@nisl.gov.ng;
www.nisl.gov.ng**

FELLOWSHIP APPLICATION

CONFIDENTIAL REPORT

TO BE COMPLETED BY APPLICANTS HEAD OF INSTITUTION/HEAD OF DEPARTMENT

FULL NAME OF APPLICANT:

- i. How long has the applicant been in your Institution?
- ii. How would you rate the applicant's ability, character, Industrial working experience etc. in support of his /her application?
- iii. NAME:
- iv. RANK:.....
- v. ADDRESS/INSTITUTION/DEPARTMENT:

SIGNATURE

DATE:

OFFICIAL STAMP:

FORM 2

NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY
(Founded in 1971 and Established by Act of the National Assemble No 12 of 2003)



NATIONAL SECRETARIAT, SAMONDA, IBADAN
P.O. BOX 9764, U.I POST OFFICE, IBADAN
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www.nisl.gov.ng

FELLOWSHIP APPLICATION

CONFIDENTIAL REPORT

TO BE COMPLETED BY A CURRENT FELLOW MEMBER OF THE INSTITUTE

FULL NAME OF APPLICANT:

- i. How long has the applicant been in your Institution?
- ii. How would you rate the applicant's ability, character, Industrial working experience etc. in support of his /her application?
- iii. NAME:
- iv. RANK:.....
- v. FELLOWSHIP NUMBER:
- vi. YEAR OF REGISTRATION (FELLOW):
- vii. ARE YOU FINANCIALLY CURRENT: YES NO
- viii. ADDRESS/INSTITUTION/DEPARTMENT:

SIGNATURE

DATE:

FORM 3

NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY

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**Email: inform@nisl.gov.ng;
enquiry@nisl.gov.ng;
www.nisl.gov.ng**

DATE:.....

Dear Sir/Madam,

ACKNOWLEDGEMENT

This is to acknowledge the receipt of your application for admission to the institute and the application fee of N.....K. Your application is receiving attention and we will let you know the result in due course.

Yours faithfully,

For: Registrar

NAME AND ADDRESS OF APPLICANT (IN BLOCK LETTERS)

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