

# NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY

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



Receipt No:

FORM: SEAL A

## STAMP AND SEAL APPLICATION FORM

COMPLETE THE FORM LEGIBLY

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

20. Educational Qualifications (Please attach photocopies of certificate)

Institution	Period		Qualifications
	From	To	

21. Professional training courses attended with dates:

.....  
 .....

22. Area of specialization in Science Laboratory Technology: .....

23. Membership of other related professional bodies: (Attach photocopies of certificates)

.....

24. Employment records

Name of Organization	Address of organization	Date	Post held

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

.....  
 .....

25. For Private Laboratory owners: Is your Private Laboratory registered with NISLT? YES  NO

26. Provide the NISLT Private Laboratory Registration Number: .....

26. Name and addresses of two referees (One of which must be a financially current 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, correct.
- (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 be amended or enacted.
- (v) I shall make all necessary payment, stipulated for the SEAL.
- (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	
<b>Eligible</b>	<b>Not Eligible</b>
<b>Receipt No.:</b>	
<b>Date Received:</b>	
<b>Date Registered:</b>	
<b>Form Processed by:</b>	

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 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](mailto:inform@nisl.gov.ng), [enquiry@nisl.gov.ng](mailto:enquiry@nisl.gov.ng)  
website: [www.nisl.gov.ng](http://www.nisl.gov.ng)*

**FORM SEAL B**

**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](mailto:inform@nisl.gov.ng);  
[enquiry@nisl.gov.ng](mailto:enquiry@nisl.gov.ng);  
[www.nisl.gov.ng](http://www.nisl.gov.ng)**

**SEAL APPLICATION NO:.....**

**DATE:.....**

**Dear Sir/Madam,**

**ACKNOWLEDGEMENT**

This is to acknowledge the receipt of your application for SEAL 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. Please quote the above application number in any correspondence with the office in connection with this application.

**Yours faithfully,**

**For: Registrar**

Affix Current Stamp here

NAME AND ADDRESS OF APPLICANT (IN BLOCK LETTERS)

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