

**NIGERIAN INSTITUTE OF SCIENCE LABOURATORY AND TECHNOLOGY**  
 (Founded in 1971 and Established by Act of the National Assembly No 12 of 2003)

Receipt No

FORM M

Affix 3 passport  
size photograph

**MEMBERSHIP APPLICATION FORM**

MEMBERSHIP GRADE APPLIED (Tick as appropriate)

FELLOW:       ASSOCIATE:       ORDINARY:       STUDENT:

(2) OTHER NAMES:

(If names have been changed, please enclose proof, e.g. press cutting)

(3) DATE OF BIRTH       STATE OF ORIGIN

(4) LOCAL GOVERNMENT AREA:

(6) CORRENPONENCE ADDRESS:

(7) TEL.NO:

E-MAIL

(Applicant should notify NISLT immediately of any change of address, quoting their registration number)

(8) RESIDENTIAL ADDRESS:

(9) NAME AND ADDRESS OF NEXT OF KIN:

(10) EDUCATION QUALIFICATION :( Please attach photocopies)

INSTITUTION	LOCATION	PERIOD		QUALIFICATION
		FROM	TO	

(11) PROFESSIONAL TRAINING COURSES ATTENDED WITH DATES:

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(12) AREA OF SPECIALIZATION IN SCIENCE TECHNOLOGY

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.....

(13) MEMBER OF OTHER PROFESSIONAL BODIES :( Attach photocopies of certificates)

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(14) EMPLOYEMENT PERIOD:

Names Address of Organization Date Post Held

(a) Name and Address of present employer/ organization

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(b) Branch of science and technology in which engaged:

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(c) Position in present employment:

(I) Title or designation:

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(ii) Date of appointment to present position:

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(iii) The scope and Nature of present Duties:

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.....

.....

(15) Name and address of three referees:

(i) .....

(ii) .....

(iii) .....

DECLARANT BY APPLICANT

(i) I, ..... hereby declare that: all the information given in this form are to the best of my knowledge and belief correct.

(ii) Any false and incomplete in formation given in this form will automatically this qualify me from being considered for admission into the institute.

(iii) I shall accept as final decision of the council whether or not my application I successful.

(iv) If admitted, I undertake to accept and agree to the enabling Act and bye the law of the Nigeria Institute of Science Laboratory Technology as they now exist and as they may from time to time be amended or enacted.

.....

Full Name Signature and Date

This form should be filled and returned to the Registrar of the Institute with the appropriate registration fee in Bank draft which will not form part of 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: 02-8102320, 8101729, 7513964, 08030787747, 08062117814

E-mail: [nislt@skannet.com](mailto:nislt@skannet.com), [nisltech@yahoo.com](mailto:nisltech@yahoo.com)

Website: [www.nislt.gov.ng](http://www.nislt.gov.ng)
