



NIGERIAN INSTITUTE OF ANIMAL SCIENCE

Established by Act No. 26 of 2007 as Amended 2015
Plot 1882, Cadastral Zone C13, Okanje District, Kabusa, Abuja.
P. O. Box 15656, Wuse Abuja, FCT, Abuja.
Tel No.: +2348180059114 Email: nias.membership@gmail.com
Website: www.nias.gov.ng



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Attach 3
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passport
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APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Application must be returned with a copy of bank teller as evidence of payment of non-refundable specified application fee paid to Account details on the last page of this form. Note that only application fee should be paid while returning this form. Other fees will be paid only by successful applicants.

Eligibility Criteria

- HND (Animal Production or Fisheries or Wildlife & Fisheries) with at least 8 years post qualification experience plus M. Sc. and/or Ph D in Animal Science
- HND (Animal Production or Fisheries or Wildlife & Fisheries) with at least 10 years post qualification experience
- HND (General Agriculture with option in Animal Production)
- B. Agriculture/B. Agriculture Tech/B. Sc. Agriculture/Natural Sciences (Biochemistry, Zoology, Fisheries etc.) with at least 7 years post qualification plus either M. Sc and/or Ph D Animal Science
- B. Sc. Rural Sociology with at least 7 years post qualification plus M. Sc. and/or Ph D in Animal Science
- Must be a financial member of NALHSATON/ASAN/NSAP

SECTION A: Bio data

1. Title: Prof/Dr/Mr./Mrs./Miss/Ms/others:
2. Surname:
3. Other Names:
4. Sex: Male.....Female:.....
5. Maiden Name (if female).....
6. Office Address:
.....
7. Postal Address:.....

-
8. Zip Code:.....
9. Email Address:Tel. No:
10. Date of Birth (dd/mm/yyyy):
11. State of Origin.....LGA.....
12. What is your Mother's maiden name?

SECTION B: Basic Tertiary Education (Degree/HND)

13. Course Studied:.....
14. First Degree/ Higher National Diploma Obtained:
15. Area of specialization: (e.g. Zoology/Rural Sociology,etc)
16. Year of graduation:

SECTION C: Educational Details

Please list all educational Institutions attended:

S/N	INSTITUTION	YEAR OF ENTRY	YEAR GRADUATED	QUALIFICATION WITH SPECIALIZATION
a				
b				
c				
d				
e				
f				
g				
h				

Note: Please attach copies of all Certificates obtained

SECTION D: Records of Employment

17. Who is your employer? Government Private Company Self
18. Name of your organization:
19. Address of your organization:
20. Business of your organization:
 Teaching Research Commercial Advisory
 Policy Consultancy Farming
 Others (please specify).....
21. How long have you been employed?
22. What is your current position/designation?

SECTION E: Membership of Professional Bodies Established by an Enabling Act

23. Are you a member of any professional body established by law in any country? Yes No

If yes, please list such bodies and date admitted.-----

Please attach extra sheet if necessary and attach supporting documents.

SECTION F: Membership of Affiliate Animal Science Associations (Plus year of Membership)

- | | |
|---|--|
| | Year |
| ▪ Animal Science Association of Nigeria | Yes <input type="checkbox"/> No <input type="checkbox"/> () |
| ▪ Nigerian Society of Animal Production | Yes <input type="checkbox"/> No <input type="checkbox"/> () |
| ▪ World Poultry Science Association Nigerian Branch | Yes <input type="checkbox"/> No <input type="checkbox"/> () |
| ▪ National Association of Livestock Husbandry Scientists and Technologists of Nigeria | Yes <input type="checkbox"/> No <input type="checkbox"/> () |

If you answer yes to any of the above, please attach photocopies of your membership Certificate (s)

SECTION G: List of Sponsors

S/N	NAME	RAS NUMBER	PHONE NO.	E-MAIL	SIGN.
A					
B					
C					

Note: All 3 sponsors must be Registered Animal Scientists

SECTION H: Affidavit

I, do hereby affirm that all the information given above in support of this application are true and correct to the best of my knowledge.

Signature: -----

Date: -----

FOR OFFICIAL USE ONLY

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Sponsor Verified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Academic Qualifications Verified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Institutions Verified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Employment Details/Experience Verified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Association/Professional Body Verified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Other Matters: ----- | | | | |
| 7. Application fee paid:- Receipt No: | | | | |
| 8. Recommendation | | | | |
- Application is Approved Not approved Pending

Name of Officer recommending Approval/Non Approval.....

Position:

Signature: Date:

PAYMENT OPTIONS

DESCRIPTION/SERVICE TYPE	ASSOCIATE MEMBERSHIP APPLICATION FEE
TSA ACCOUNT NAME	NIGERIAN INSTITUTE OF ANIMAL SCIENCE
BANK	ANY COMMERCIAL BANK
AMOUNT	TEN THOUSAND NAIRA ONLY (N10,000)

COMPLETED APPLICATION FORMS AND ATTACHED DOCUMENTS SHOULD BE RETURNED TO:

**THE REGISTRAR
NIGERIAN INSTITUTE OF ANIMAL SCIENCE
NO. 1, 45 ROAD, 4TH AVENUE, GWARIMPA
ABUJA
FEDERAL CAPITAL TERRITORY**