



NIGERIAN INSTITUTE OF ANIMAL SCIENCE

Established by Act No. 26 of 2007

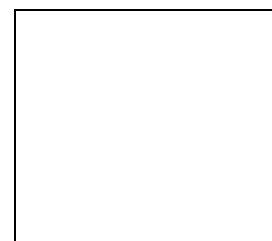
No. 1, 45 Road, 4th Avenue, Gwarinpa, P. O. Box 15656, Wuse, Federal Capital Territory, Abuja

Tel No.: +234(0)97831226. Email: nias.membership@gmail.com

Website: www.nias.org.ng



APPLICATION FORM FOR AWARD OF FELLOWSHIP OF THE INSTITUTE



Application **must** be returned with the following documents: (i) a copy of bank teller for the sum of N100,000:00 as evidence of payment of non-refundable application fee paid into NIAS Consultancy Services Ltd –Board of Fellows, First Bank Plc, Maitama Branch, Abuja, **Acct No. 2022448929** and (ii) a copy of certificate of membership as a Registered Animal Scientist.

SECTION A: PERSONAL

1. Title: Prof/Dr/Mr/Mrs/Miss/Ms/Chief/Others:.....
2. Surname:.....
3. Other Names:
4. Mailing Address:
-
-
5. Date and Place of induction as RAS: 6. RAS No:
7. Email Address: 8. Tel. No:
9. Date of Birth (dd/mm/yyyy): 10. State of Origin/LGA:
11. What is your Mother's first name?

SECTION B: EDUCATIONAL TRAINING

12. Please list all the Institutions attended (including primary and post primary schools) and certificates/degrees earned with dates.

S/N	INSTITUTIONS ATTENDED	FROM	TO	DEGREE EARNED
1				
2				
3				
4				
5				
6				
7				
8				

SECTION C: EMPLOYMENT HISTORY

13. List your employment in the last 10 years starting with the most recent (You may use additional sheets if necessary)

Employer 1	
Name of Organization	
Address (Line 1)	
Address (Line 1)	
Tel. No.:	Email:
Nature of Business:	
Position Held:	Duty:
Length of Service: From:	To:

Employer 2	
Name of Organization	
Address (Line 1)	
Address (Line 1)	

Tel. No.:	Email:
Nature of Business:	
Position Held:	Duty:
Length of Service: From:	
To:	
Reason for leaving:	

Employer 3	
Name of Organization	
Address (Line 1)	
Address (Line 1)	
Tel. No.:	Email:
Nature of Business:	
Position Held:	Duty:
Length of Service: From:	
To:	
Reason for leaving:	

SECTION D: PROFESSIONAL CONTRIBUTIONS

14. Membership of Professional bodies

S/N	Professional Body	From	To
1			
2			
3			
4			
5			

15. List the Services Rendered In Professional bodies

S/N	Professional body	Position held	Duration	Duties
1				
2				

3				
4				
5				

16. List the records of your Community Service involvement in (now or in the past):.....

.....

.....

.....

.....

.....

17. SECTION E: CHARACTER DETAILS

Please answer the following questions as appropriate

- i) Have you ever been convicted of any crime? Yes No
- ii) Have you ever been found to be in illegal possession of firearms? Yes No
- iii) Have you ever been found to be in illegal possession of hard drugs? Yes No
- iv) Have you ever been repatriated form any foreign country? Yes No
- v) If **yes** to (iv) above, what was the reason:
- vi) Are you indebted to any financial institution? Yes No
- vii) Have you ever been involved in any public crisis involving use of Violence? Yes No

SECTION F: SPONSORS

Sponsors **must** be Registered Animal Scientists and in addition must be financial members of either ASAN or NSAP

S/N	NAME	ADDRESS	TEL. NO.	EMAIL	RAS NO.	SIGN

SECTION G: AFFIDAVIT

I, do hereby declare and affirm that the information given above in support of this application are true and correct to the best of my knowledge. I understand and agree that any false declaration will lead to the disqualification of my application.

.....
Signature of applicant

.....
Date

SECTION H: FOR OFFICIAL USE ONLY

- 1. Educational background Yes No
- 2. NIAS Registration verified Yes No
- 3. Financial status verified Yes No
- 4. Membership of ASAN or NSAP verified Yes No
- 5. Employment history/Community Service verified Yes No
- 6. Character status verified Yes No

7. Other Matters:
.....

8. Application Fee paid: Receipt No:

9. Decision (Please tick one):
- i) Application Approved
 - ii) Decision pending
 - iii) Application not approved