



INSTITUTE OF PUBLIC ANALYSTS OF NIGERIA

(Established by IPAN Act CAP. 116 LFN 2004)



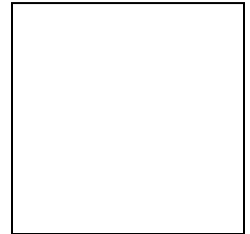
Secretariat: 443, Herbert Macaulay Way, Yaba; P. M. B. 1001, Oshodi, Lagos

Tel: 0803 327 4557, 0818 490 4432; www.ipan.gov.ng

E-mail: ipanmembership@gmail.com, ipan92@gmail.com

APPLICATION FORM FOR MEMBERSHIP

- (i) *To be completed in block letters or typewritten and returned to the Registrar's office*
- (ii) *Application form shall be returned with the following:*
- *Current Curriculum Vitae with details of analytical experience*
 - *Two recent passport photographs*
 - *A photocopy of birth certificate or age declaration by affidavit.*
 - *Photocopies of academic and professional certificates*
- (iii) *Two Referee forms, to be returned by Referees directly to the Registrar's Office.*
(One or both Referees should be member(s) of the Institute.)
- (iv) *Claims made by applicants shall be investigated*
- (v) *All information shall be treated as confidential*



1. NAME:

Surname (*Prof. /Dr. /Mr. /Mrs. /Miss.*): _____

Other Names: _____

2. PERSONAL DATA:

Date of Birth: _____

Sex:

Male

Female

Marital Status:

Married

Single

3. ADDRESS: (including postal, telephone and e-mail)

Postal: _____

Telephone & E-mail: _____

Residential: _____

4. ACADEMIC/PROFESSIONAL TRAINING & QUALIFICATIONS:

(Names of Schools, Colleges, Universities and other Institutions attended with dates)

(i)

(ii)

(iii)

(iv)

(v)

(vi)

5. WORK EXPERIENCE: *(List position(s) held with dates and employers)*

(i)

(ii) _____

(iii) _____

(iv) _____

(v) _____

6. MEMBERSHIP OF PROFESSIONAL BODIES *(state category of membership and dates admitted):*

7. ANY OTHER RELEVANT INFORMATION *(Maybe Attached):*

8. REFEREES: (One or both Referees should be member(s) of IPAN)

(i) Name: _____

Position: _____

Address (including telephone and e-mail): _____

IPAN Membership No: _____

(ii) Name: _____

Position: _____

Address (including telephone and e-mail): _____

IPAN Membership No: _____

9. DECLARATION: I, Prof. / Dr. /Mr. /Mrs. /Ms. _____

do hereby certify that the information given above is true to the best of my knowledge and that I have not been convicted in Nigeria or elsewhere for an offence involving fraud or dishonesty and I will abide by the rules and codes of ethics of the Institute.

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

ALL REQUIRED INFORMATION PROVIDED?

YES

NO

RECOMMENDATION: FOUNDATION

PROFESSIONAL I

PROFESSIONAL II

CHAIRMAN, MEMBERSHIP COMMITTEE: -----

DATE: -----

REGISTRAR: -----

DATE: -----



**APPLICATION FOR MEMBERSHIP OF
INSTITUTE OF PUBLIC ANALYSTS OF NIGERIA**

REFEREE'S REPORT

1. **NAME OF CANDIDATE:** -----
2. **ADDRESS:** -----

3. **FOR HOW LONG HAVE YOU KNOWN THE CANDIDATE?** -----

4. **IN WHAT CAPACITY?**
 (a) **PRIVATE** -----
 (b) **STUDENT** -----
 (c) **PROFESSIONAL** -----
5. **IF (c) GIVE YOUR ASSESSMENT OF THE APPLICANT'S SUITABILITY FOR APPOINTMENT AS AN ANALYST OR TRAINEE ANALYST:** -----

6. **BRIEFLY COMMENT ON THE APPLICANT'S CHARACTER (TEMPERAMENT, EMOTIONAL, PHYSICAL STABILITY, INTEGRITY):** -----

7. **SIGNATURE OF REFEREE:** -----
8. **NAME OF REFEREE:** -----
9. **ADDRESS OF REFEREE:** -----

10. **PROFESSIONAL STATUS:** -----

To be returned by the Referee direct to: the Registrar, Institute of Public Analysts of Nigeria.