



INSTITUTE OF PUBLIC ANALYSTS OF NIGERIA

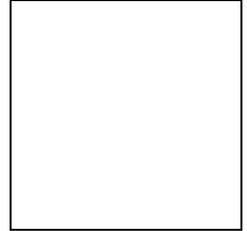
(Established by IPAN Act CAP. 116 LFN 2004)



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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.