



The Nigerian Institute of Shipping

National Secretariat: 32, commercial Road, Apapa.

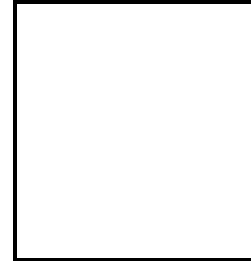
P.O. Box 1548, Apapa, Lagos-Nigeria.

E-mail: Info@nisnigeria.org, nishipping@yahoo.com

Website www.nisnigeria.org

Tel: 070-31098154

STUDENT REGISTRATION FORM



PLEASE PRINT IN CAPITAL LETTERS
SECTION A BIODATA

passport photographs (2)

SURNAME: _____

OTHER NAMES: _____

INITIALS: _____

DATE OF BIRTH: _____

STATE OF ORIGIN: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

GENDER (Please tick) MALE FEMALE

CONTACT ADDRESS: _____

PHONE NO (S): _____

E-MAIL ADDRESS: _____

| SECTION B NAME OF SCHOOL | ACADEMIC QUALIFICATION | |
|-----------------------------|------------------------|----------------------|
| | YEAR | CERTIFICATE OBTAINED |
| | | |
| | | |
| | | |
| | | |
| | | |

PLEASE ATTACH PHOTOCOPIES AS DOCUMENTARY IN SUPPORT OF EACH CERTIFICATE OBTAINED

SECTION C (WORKING EXPERIENCE)

| NAME OF ORGNIZATION | POSITION | DATE (FROM / TO) |
|---------------------|----------|------------------|
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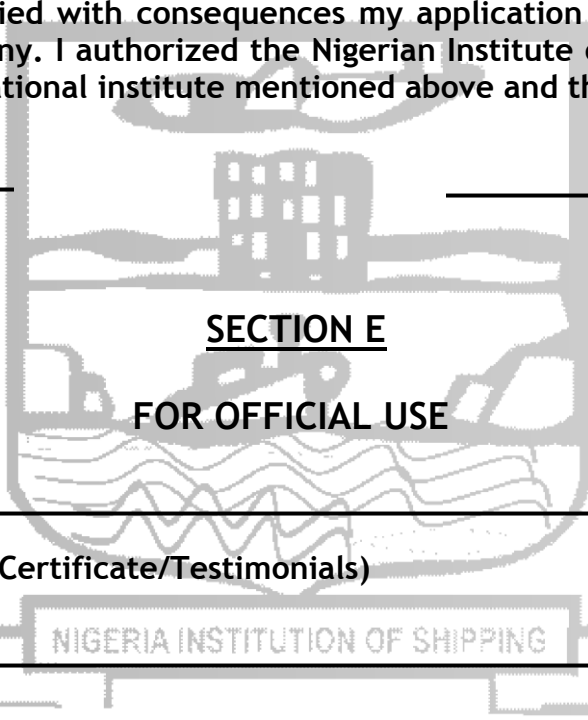
SECTION D

DECLARATION BY THE APPLICANT

I _____ hereby declare that the above accurate in every details and the best of my knowledge, should make an attempt to give information, I should be satisfied with consequences my application being cancelled and my studentship withdrawn if any. I authorized the Nigerian Institute of Shipping to obtain official records from any educational institute mentioned above and the employers.

Signature of applicant

Date



SECTION E
FOR OFFICIAL USE

1. Date received _____

2. Documents attached (Certificate/Testimonials)

- (A) _____
- (B) _____
- (C) _____
- (D) _____
- (E) _____

Received by _____

Recommended by _____

CHAIRMAN, MEMBERSHIP BOARD