



INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA (ICCON)

Established by Decree 91 of 1993 (now ICCON ACT CAP I.12 LFN 2004)



FELLOWSHIP NOMINATION FORM

1.0 Personal Details

1.0 Name of Candidate

1.1 Contact Address.....
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1.2 E-mail Address

1.3 Telephone number(s).....

1.4 Date of Birth

2.0 Institutions Attended, Qualifications Obtained and Dates

(Please include professional qualifications/affiliations where applicable)

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2.1 Date of Induction into ICCON Membership / Induction number.....

3.0 Professional Details (Please choose the appropriate category)

(a) Industry

- 3.1 Name of organization.....
- 3.2 Candidate’s designation / rank.....
- 3.3 Nature of business.....
- 3.4 Number of years in the service of the organization.....
- 3.5 Number of years in Management cadre

(b) Academia

- 3.6 Name of institution.....
- 3.7 Academic Rank
- 3.8 Number of years in the service of the institution
- 3.9 Number of years in the substantive rank
- 3.10 Institutional appointment(s)/dates.....

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GIVE REASON(S) JUSTIFYING YOUR SUITABILITY FOR ICCON FELLOWSHIP

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4.0 Declaration by Applicant

I declare that the information given above, to the best of my knowledge, is correct and true. I also understand that any discovery of falsehood or discrepancy could lead to my disqualification.

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Applicant’s full name

.....
Signature

.....
Date

5.0 Attestation by the Two Referees (One of whom must be a Fellow of ICCON)

(i) Comments:

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Name of Referee _____

Signature & Date _____

(ii) Comments.....

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Name of Referee _____

Signature & Date _____

6.0 Submission of entries

Completed nomination forms, evidence of payment of the application fee and updated CV can be submitted electronically through registration@iccon.org.ng or info@iccon.org.ng.

Alternatively, submissions can be made by hand or courier to:

The Registrar / CEO
Institute of Chartered Chemists of Nigeria (ICCON)
443 Herbert Macaulay Way, Yaba
P.M.B. 2057, Sabo-Yaba
Lagos.

Attn: Head of Membership Department

FOR OFFICE USE ONLY

(A) Comments by Chairman, Screening Committee

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Name of Chairman, Screening Committee _____

Signature & Date _____

(B) **ACCEPTANCE:** Nominee is accepted / not accepted.....

Registrar's signature & Date _____