INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA (ICCON)

Established by ICCON ACT CAP I.12 LFN 2004

FELLOWSHIP NOMINATION FORM

1.0 Personal Details

1.0 Name of Candidate

……..……..……
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1.1 Contact
Address…….……
……

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….…….

1.2 E-mail Address

……..……
….....

1.3 Telephone
number(s)…….
…….

1.4 Date of Birth
……
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2.0 Institutions Attended, Qualifications Obtained and Dates

(Please include professional qualifications/affiliations where applicable)

i)

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ii)

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iii)

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iv)

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v)

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3.0 Membership of Professional Bodies

3.1 Date of Induction into ICCON Membership / Induction number……

3.2 Membership of other professional bodies:

(i) Name of professional body……..……Membership No……..
(ii) Name of professional body……..……Membership No……..
(iii) Name of professional body……Membership No……..

4.0 Professional Details (Please choose the appropriate category)

(a) Industry

(i) Name of organization……
……
(ii) Candidate's designation / rank……..
(iii) Nature of business…..……
……..
(iv)Number of years in the service of the organization…..……....
(v) Number of years in Management cadre
……..

(b) Academia

(i) Name of
institution…….……
……
(ii) Candidate's Academic
rank..…..……..……
(iii) Number of years in the service of the institution
…….…….……..
(iv) Number of years in the substantive rank
…….…….……..
(v) Institutional
appointment(s)/dates……..……...……
…….
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……..…..……

(c) Government

(i) Name of ministry / agency
…….…….……
(ii) Designation / rank
….……..……
……
(iii) Nature of business
……..……..……
….
(iv) Number of years in the service of the organization
…….……..….
(v) Number of years in Management
cadre..……...……..

5.0 Justify your Suitability for ICCON Fellowship/Major contributions to the Chemistry Profession

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……..

5.0 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.

……..……..… ….……..
……
Applicant's full name Signature Date

6.0 Attestation by Two Referees who must be ICCON Members (One of whom must be a Fellow)

(i) Comments by Referee 1:

…….……..……..…….....
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Name of Referee _____

Signature & Date _____

(ii)Comments by Referee 2:

…..…….....
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Name of Referee _____

Signature & Date _____

7.0 Submission of entries

Completed nomination forms, evidence of payment of the application fee of **one hundred and fifty thousand naira only (₦150, 000. 00),** as well as any outstanding annual dues, updated CV, a recent passport-size photograph and a one-page citation can be submitted electronically through registrar@iccon.gov.ng or iccon.membership@iccon.gov.ng OR by hand / courier to:

The Registrar / CEO
Institute of Chartered Chemists of Nigeria (ICCON)
Room 3A 3.30
Federal Secretariat, Phase III
Shehu Shagari Way
Garki, Abuja

OR

Lagos Zonal Office
443 Herbert Macaulay Way, Yaba
(3rd Floor)
Lagos.

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_____