

INSTITUTE OF CHARTERED CHEMISTS OF NIGERIA (ICCON)

Established by ICCON ACT CAP I.12 LFN 2004



FELLOWSHIP NOMINATION FORM

1.0 P	ersonal Details
1.0 Na	ame of Candidate
	······································
1.1 Co	
	ess
	mail Address
	······································
1.3 Te	lephone er(s)
1.4	Date of Birth
	······································
2.0 Ir	nstitutions Attended, Qualifications Obtained and Dates
(Pleas	se include professional qualifications/affiliations where applicable)
i)	
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ii)	

iii)	
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iv)	
	•••••
v)	
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	Membership
(iii) Name of professional body	Membership
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 ins	stitution	
(iv) Number of years in the substantive rank		
(v) Institutional appointment(s)/dates		
(c) Government		
(i) Name of ministry / agency		
(ii) Designation / rank		
(iii) Nature of business		
(iv) Number of years in the service of the org	ganization	
(v) Number of years in Management cadre		
5.0 Justify your Suitability for ICCON Fe	llowship/Major contributions to	the Chemistry Profession
5.0 Declaration by Applicant		
I declare that the information given above, to that any discovery of falsehood or discrepan		t and true. I also understand
Applicant's full name	Signature	 Date

6.0 Attestation by Two Referees who must be ICCON Members (O	ne of whom <u>must</u> be a Fellow)
(i) Comments by Referee 1:	
Name of Referee	_
Signature & Date	
(ii)Comments by Referee 2:	
Name of Referee	-
Signature & Date	

7.0 Submission of entries

Lagos.

Completed nomination forms, evidence of payment of the application fee of **one hundred and fifty thousand naira only (N150, 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)

FOR OFFICE USE ONLY

(A) Comments by Chairman, Screening Committee		
Name of Chairman, Screening Committee		
Signature & Date		
(B)ACCEPTANCE: Nominee is accepted / not accepted		
Registrar's signature & Date		