



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

INDEXING FORM

APPLICATION FOR ENTRY IN THE INDEX OF PUBLIC HEALTH
ASSISTANT/TECHNICIAN/TECHNOLOGIST IN TRAINING

please read through carefully and fill appropriately in block letters

Affix passport

photograph

NAME OF APPLICANT _____

(Surname)

(middle name)

(first name)

SEX _____ MARITAL STATUS _____

DATE OF BIRTH _____

(DAY/MONTH/YEAR)

PLACE OF BIRTH _____

(LGA/STATE)

STATE OF ORIGIN _____

(LGA/TOWN/CITY)

RELIGION _____ NATIONALITY _____

NAME OF TRAINING INSTITUTION _____

ADDRESS OF TRAINING INSTITUTION _____

DATE/LEVEL OF ADMISSION INTO THE INSTITUTION _____

PERMANENT HOME ADDRESS _____

APPLICANT PHONE No _____

NAME OF SPONSOR _____

ADDRESS OF SPONSOR _____

PHONE No _____

NAME OF NEXT OF KIN _____



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

ADDRESS OF NEXT OF KIN _____

PHONE No _____

Please attach the following documents to support your application

- i. A certified copy of birth certificate or statutory declaration of age
- ii. A copy of WASSCE/GCE/NABTEB certificate/result endorsed by the principal of last school attended.
- iii. A copy of testimonial from the principal of last school attended.
- iv. Three (3) recent passport photograph (white or red colour background).
- v. A copy of marriage certificate or affidavit if married.

DECLARATION BY THE APPLICANT

- I. I hereby declare the information given above is correct and true to the best of my knowledge
- II. Enclosed is the indexing fee of ₦..... (in figure)
..... (in words) in bank teller being paid by self into the council's bank account.

DATE _____ SIGNATURE _____

PLEASE NOTE: ALL PAYMENT IS TO BE MADE INTO THE ACCOUNT NUMBER BELOW;

ACCOUNT NAME: ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

ACCOUNT No: 1021778561

BANK NAME: UBA

**ANY PAYMENT NOT MADE INTO THIS ACCOUNT WILL BE DISREGARDED AND CONSIDERED VOID.
PLEASE BE WARNED.**