



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

APPLICATION FOR REGISTRATION

For official use only

RECEIPT/TELLER No -----
DATE ISSUED -----

fix 3 recent passport
photograph stating your
name, school of training,
qualification and year.

Please read through the form carefully before completion.
Fill in block letters all through

NAME: _____
Surname *Maiden name (nee)*

First name *Middle name*

SEX: _____ **MARITAL STATUS:** _____

DATE OF BIRTH (DD/MM/YY): _____

PLACE OF BIRTH: _____

STATE OF ORIGIN: _____ **NATIONALITY:** _____

PERMANENT HOME ADDRESS: _____

OFFICE/POSTAL ADDRESS:

AREA OF REGISTRATION

I hereby request the Council to enter my name in the register maintained for;

i. Public Health Assistants

ii. Public Health Technicians

iii. Public Health Technologists

NAME OF SCHOOL OF TRAINING: _____



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

ADDRESS: _____

QUALIFICATION OBTAINED WITH DATE: _____

DECLARATION

1. I hereby declare that the above information is true and correct.
2. I also understand that any false declaration will automatically disqualify me from registration.
3. Enclosed is the registration fee of ₦..... (in figure) (in words) in bank teller being paid by self into the council's bank account.

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Approved by Registrar of the council

Reg. No. _____

Date of reg. _____

Signature _____

Date _____

SIGNATURE AND DATE OF APPLICANT: _____

NAME OF SCHOOL REGISTRAR/COORDINATOR: _____

SIGNATURE AND DATE: _____

Registration/licensing fee

Application form ---~~₦~~ 7000

Index form---~~₦~~ 15,000

Examination/License fee---~~₦~~ 45,000

Penalty for late registration;

i. per school---~~₦~~ 15,000

ii. individual--- ~~₦~~ 5,000

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



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

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