



# NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

## INDEXING FORM (FOREIGN TRAINED)

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 \_\_\_\_\_

APPLICANT E-MAIL ADDRESS \_\_\_\_\_

NAME OF SPONSOR \_\_\_\_\_



# NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

ADDRESS OF SPONSOR \_\_\_\_\_  
\_\_\_\_\_ PHONE No \_\_\_\_\_

NAME OF NEXT OF KIN \_\_\_\_\_

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. Photocopy of your resident permit
- v. Photocopy of the data and stamp/visa pages of your travel document
- vi. NYSC discharge certificate
- vii. B.Sc certificate or any equivalent certificate
- viii. Three (3) recent passport photograph (white colour background).
- ix. 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.**



# **NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA**