



# NIGERIAN INSTITUTE OF ANIMAL SCIENCE

Established by Act No. 26 of 2007 as Amended 2015  
Plot 1882, Cadastral Zone C13, Okanje District, Kabusa, Abuja  
P. O. Box 15656, Wuse Abuja, FCT, Nigeria Tel: 09066288719, 08184123426  
Email: nias.nigeria2013@gmail.com  
Website: www.nias.gov.ng



Attach one recent passport size photo here

## NIAS ELECTORAL COMMITTEE

### NOMINATION FORM FOR 5<sup>TH</sup> COUNCIL ELECTION

1. Title: Prof./Dr./Mr./Mrs./Miss/Ms/others: .....
2. Surname: .....
3. Other Names: .....
4. Contact Address (Not P. O. Box): .....  
.....
5. Email Address: .....Tel. No: .....
6. Date of Birth (dd/mm/yyyy) ..... State of Origin/LGA.....
7. RAS number: **NIAS/RAS/**..... Year of Induction.....
8. Name and Address of your employer: .....  
.....
9. Business of your organization:  
Teaching  Research  Farming/Agro-Allied Industry   
Ministries/Departments/Agencies  Consultancy  Others.....
10. How long have you been in employment (years).....
11. What position/rank do you currently hold in your organization.....
12. Academic qualifications: .....
13. Council Position contesting for.....
14. Reason for contesting.....
15. Have you ever served as a NIAS Council member Yes No

16. If yes, state period From..... To.....  
From ..... To.....

17. Sponsors **must** be Registered Animal Scientists who are **up-to-date** in the payment of their Annual Practicing License

i) Name.....

RAS number: **NIAS/RAS/**.....Signature.....Date.....

I. li) Name.....

RAS number: **NIAS/RAS/**.....Signature.....Date.....

18. I, ..... do hereby declare and affirm that all the information given above in support of this nomination are true and correct to the best of my knowledge. I promised to abide by the rules guiding the election and I shall abide by the outcome of the election.

Signature: -----Date: -----

**NOTE: Nominees are to attach the following documents to the nomination form**

- (a) Membership certificate (b). Academic certificates (c) Annual Practicing Licenses (where the License is available).

-----  
**FOR OFFICIAL USE ONLY**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Membership certificate of nominee verified      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Academic certificates of nominee verified       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Annual Practicing Licenses of nominee verified  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Annual Practicing Licenses of sponsors verified | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Other Matters: .....                            |                              |                             |

**NOMINATION STATUS**

Qualified to contest

Not qualified to contest

Reason(s) for disqualification.....

-----  
**Chairman Signature**

-----  
**Date**