

NIGERIAN INSTITUTE OF ANIMAL SCIENCE

Established by Act No. 26 of 2007 as Amended 2015

Plot 1882, Cadastral Zone C13, Okanje District, Kabusa, Abuja

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NIAS ELECTORAL COMMITTEE

NOMINATION FORM FOR 6TH COUNCIL ELECTION

1. Title: Prof./Dr./Mr./Mrs./Miss/Ms/others:
2. Name (Surname First):
3.
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 (indicate area of specialization)
.....
13. Council Position nominated for:

14. Reason for consenting:

15. Have you ever served as a NIAS Council member YES/NO

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

SPONSORS

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

i) Name.....

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

I. ii) 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 (Sponsor): -----Date: -----

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

(a) Membership certificate (b) Academic certificates (c) Annual Practicing Licenses

Signature of nominee-----Date-----

FOR OFFICIAL USE ONLY

- 1. Membership certificate of nominee verified Yes No
- 2. Academic certificates of nominee verified Yes No
- 3. Annual Practicing Licenses of nominee verified Yes No
- 4. Annual Practicing Licenses of sponsors verified Yes No
- 5. Other Matters:

NOMINATION STATUS

Qualified to contest

Not qualified to contest

Reason(s) for disqualification.....

.....

Chairman Signature

.....

Date