

# APPLICATION FOR ENROLMENT/REGISTRATION FORM



## A. PERSONAL DATA (IN BLOCK LETTERS)

| (i) Surname:   |                                  |  |  |  |
|--|----------------------------------|--|--|--|
| (ii) Other Names   |                                  |  |  |  |
| (iii) Gender: Male Female ( <i>Tick as Appropriate</i> )   |                                  |  |  |  |
| (iv) Place and Date of Birth   |                                  |  |  |  |
| (v) Marital Status:  | (vi) Maiden Name (Married Women) |  |  |  |
| (vii) State of Origin:   | (viii) Nationality:              |  |  |  |
| (ix) Office Address:   |                                  |  |  |  |
|  | Phone No:                        |  |  |  |
| (x) Residential Address:   |                                  |  |  |  |
|  |                                  |  |  |  |
| (xi) E-mail Address:   |                                  |  |  |  |
| <ul><li>(vii) State of Origin:</li><li>(ix) Office Address:</li><li>(x) Residential Addr</li></ul> | (viii) Nationality:<br>Phone No: |  |  |  |

# **B. EDUCATIONAL QUALIFICATIONS** (i) College/Secondary Education:

| Name & Address of School(a) | Year of Study |    | Qualification | Veen Obtained |  |
|-----------------------------|---------------|----|---------------|---------------|--|
| Name & Address of School(s) | From          | То | Obtained      | Year Obtained |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |

Applicant must have acquired the minimun O/L qualification before applying

(ii) Tertiary/Higher Education:

|                             | Year of Study |    | Qualification |               |  |
|-----------------------------|---------------|----|---------------|---------------|--|
| Name & Address of School(s) | From          | То | Obtained      | Year Obtained |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |
|                             |               |    |               |               |  |

Applicant must present certificate after three (3) years of graduation

(iii) Academic Distinction (if any)

Undergraduate field of study: Major

Minor

# **C. PROFESSIONAL QUALIFICATIONS:** (including membership of professional organisations)

| Date Obtained | Institution | Qualifications |
|---------------|-------------|----------------|
|               |             |                |
|               |             |                |
|               |             |                |
|               |             |                |
|               |             |                |
|               |             |                |
|               |             |                |
|               |             |                |

#### Professional Distinction (if any):

**D. PROFESSIONAL EXPERIENCE** (compulsory for those applying for G (i) and (ii) below) (State Positions held, with dates, Organisations/Firms and Duties performed in Chronological order, starting with the present position).

(Use additional paper if necessary)

**E. PUBLICATIONS/PAPERS** (with dates)

(Use additional paper if necessary)

F. ADDITIONAL INFORMATION IF ANY (other courses, workshop etc.)

**G. TYPE OF REGISTRATION/ENROLMENT REQUIRED** (Tick as Appropriate)

- i. Surveyor
- ii. Pupil Surveyor
- iii. Technologist

iv. Technician

### H. HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE?

| Yes   |                  |
|-------|------------------|
| No    |                  |
| If Ye | es give details: |

### I. PERSONAL DECLARATION BY THE APPLICANT:

| I   |  |
|---|--|
| (Names in Jull, in block  | k letters with surname first)                                |
| (Addres   | (5)  |
| desirous of being enrolled/registered as  |  |
| Within the provisions of the SURVEYORS COU  | NCIL OF NIGERIA (SURCON) Act, CAP S18 LFN. 2004              |
| do hereby solemnly and sincerely declare as follo   | ows, that:   |
| <ul> <li>(i) I have attained the age of 21</li> <li>(ii) I have not been convicted of any criminal of (iii) I will pay the prescribed fees;</li> <li>(iv) I will promote the good image, aims and objective (v) The information given by me on this application.</li> </ul> |  |
| Signature   |  |
| Date  |  |
| <b>D. CERTIFICATION OF SUPERVISOR</b> (who post-registration practice experience)<br>I hereby certify that  | must be a Surveyor with a minimum of 5 years'                |
|   |  |
| is well known to me and he/she is of good character   | er, I also certify that he/she has been working under me and |
| my company/office since   | till date.   |
|   | Supcov Serie (Superior)                                      |
|   | (SURCON Seal of Supervisor)                                  |
|   | Name   |
|   | Date   |
|   | Reg. Number  |
|   | Year of Reg.   |
|   | Phone No:  |

Email:

#### **K. ATTACHMENTS:**

Please provide the following:

- (i) Evidence of age
- (ii) Evidence of Academic/Professional qualification
- (iii) Evidence of payment for application form
- (iv) Written Endorsement from Supervisor with SURCON Seal
  - a. Company Enlistment certificate where applicable
  - b. Supervisor's current practice fee
  - c. Current payment for Company renewal

# FOR OFFICIAL USE ONLY

| Date Application Received            |          |           | Applicant No |  |  |
|--------------------------------------|----------|-----------|--------------|--|--|
| RRR Code:                            |          | and Date  |              |  |  |
| Date Application treated by Committe | e        |           |              |  |  |
| Council Decision on Application      |          |           |              |  |  |
|                                      |          |           |              |  |  |
|                                      | Approved | Defferred | Rejected     |  |  |
|                                      |          |           |              |  |  |
| Registration Number:                 |          |           |              |  |  |
| Other Remarks:                       |          |           |              |  |  |
|                                      |          |           |              |  |  |
|                                      |          |           |              |  |  |

Registrar/Date

