

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:				
(vii) State of Origin:(ix) Office Address:(x) Residential Addr	(viii) Nationality: 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:
 (i) I have attained the age of 21 (ii) I have not been convicted of any criminal of (iii) I will pay the prescribed fees; (iv) I will promote the good image, aims and objective (v) The information given by me on this application. 	
Signature	
Date	
D. CERTIFICATION OF SUPERVISOR (who post-registration practice experience) 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

