MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

Plot 1166 Mohammed N. Umar Lane, Durumi Phase II, Garki Abuja

Application form for Foreign Graduates Registration

Please *read the 'Foreign graduates Registration guidelines' before completing this form. Applications that did not follow guidelines will not be accepted.*

SECTION A – TO BE COMPLETED BY APPLICANT (IN BLOCK CAPITALS)

BIODATA

Title (Mr, Mrs, Miss) ……………………………………………………………………………

Surname: ……………………………………………………………………………………………..

First name: ………………………………… Other names ……………………………………………..

Date of Birth: .... Sex: .... Country of birth: ……………………………….

Place of Birth: ………………………… State ………………… LGA ……………………………………

Nationality: ………………………………………………………………………………………………

Permanent Home Address…………………………………………………………………………………

Residential Address: ……………………………………………………………………………………

Contact Address: ………………………………………………………………………………………

Telephone numbers:1 …………………….. 2...............................E-mail address:................................

Current Appointment (if any) ……………………………. Designation (if any) ………………………

SECTION B – TO BE COMPLETED BY APPLICANT

What Cadre are you seeking registration with Council (MLS/MLT/MLA)? …………………………………..

What is the Duration of your programme in your tertiary institution/University? ……………………………

State the O' Level requirements for admission into your programme in your Institution: …………………

………

……..

At what level (e.g. 100L or 200L) were you admitted into the programme? ....

Have you done internship after your graduation? …………. If yes, Where/ When …………………………..

………

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

NAME OF INSTITUTIONS ATTENDED		DATE		Certificate Obtained	Subjects	Grade Obtained
		From	To			
1.	Primary Education					
2.	Secondary Education				English Lang:	
					Mathematics:	
					Biology	
					Chemistry	
					Physics	
					No. of sitting(s) -	
3.	Advanced Level (if any)				Biology	
					Chemistry	
					Physics	
4.	University/Tertiary Education					
5.	Any Other					

RECORDS OF STUDENT'S LABORATORY PRACTICAL POSTING DURING TRAINING

Name of Hospital Laboratory where posted for supervised practical training		DATE		Duration in Months	At what Level **OR** Semester?
1.					
2.					
3.					
4.					
5.					
6.					

RECORDS OF PREVIOUS INTERNSHIP TRAINING (If any)

Name and Address of Hospital Laboratories where internship was done	DATE		Duration in Months
1.			
Disciplines Covered			
i.			
ii.			
iii			
iv			
v			
vi			

Any other information in support of application: ……….. …………………………………………………

…………………….………………………………………………………………………………………………

……..

4. **Declaration**

I ……………………………………………… do hereby declare that I have read and complied with the guidelines for the Foreign Graduate MLS/MLT/MLA Registration with the Council and have paid the prescribed fee. The information I have given in this application to the best of my knowledge, is up to date and accurate. I am not currently subject to any investigation(s) related to professional misconduct or probity. I will obey the Council regulations and, to the best of my ability, strive to further its objectives and interest if Registered. I have attached all the required credentials and will cause my institution to submit my academic transcript and course curriculum, and also request Federal Ministry of Education to evaluate my Certificates and submit same to Council.

Signature ....…………… Date...