

L.N. 58 of 1971

## NATIONAL SPORTS COMMISSION DECREE 1971

(1971 No. 34)

**The National Sports Commission (Appointed Day) Order 1971**

In exercise of the powers conferred by section 20 (2) of the National Sports Commission Decree 1971, and of all other powers enabling me in that behalf, I hereby make the following Order :—

1. The day appointed for the coming into force of the National Sports Commission Decree 1971 shall be 6th September 1971.

Appointed  
day for  
1971  
No. 34.

2. This Order may be cited as the National Sports Commission (Appointed Day) Order 1971 and shall apply throughout the Federation.

Citation  
and extent.

MADE at Lagos this 6th day of September 1971.

ANTHONY ENAHORO,  
*Federal Commissioner for Labour*

## EXPLANATORY NOTE

*(This Note does not form part of the above Order but is intended to explain its purpose)*

The Order brings the National Sports Commission Decree 1971 into operation with effect from 6th September 1971.

L.N. 59 of 1971

**INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY  
DECREE 1968  
(1968 No. 56)**

**Medical Laboratory Technologists (Registration) Rules, 1971**

*Commencement : 1st October 1970*

In exercise of the powers conferred by section 6 (4) of the Institute of Medical Laboratory Technology Decree 1968 and of all other powers enabling it in that behalf, the Council of the Institute of Medical Laboratory Technology hereby makes the following rules :—

Registration  
of a Nigerian  
citizen as  
member of  
the institute.

1.—(1) Subject to the provisions of this rule, a citizen of Nigeria shall, on payment of the fee prescribed in Schedule 1 to these rules, be entitled to be registered as a member of the Institute of Medical Laboratory Technology if he—

(a) has undergone a continuous training in medical laboratory technology for not less than 4 years either—

(i) in an approved medical or veterinary laboratory or

(ii) in an institution approved for the purpose by the Council ;

(b) is a holder of a diploma issued by the Council or of an equivalent qualification recognised for the purpose by the Council.

(2) If a citizen of Nigeria holds a diploma in medical laboratory technology other than that prescribed in rule 1 (1) (b) above, he may be required by the Council to acquire not less than one year's experience, which shall be called the period of internship, in an institution in Nigeria recognised for the purpose before entitlement to full registration ; but during this period he shall be provisionally registered.

Provisions  
relating to  
associates  
and fellows.

2.—(1) Subject to the provisions of this rule, an ordinary member shall qualify for election as an associate if he—

(a) has been registered as an ordinary member and has been so registered for a period of not less than two years ; and

(b) has passed the institute's examination for associates or is the holder of any other qualification prescribed by the Council ; and

(c) thereafter applies to the Council, in the Form D of Schedule 3 to these rules not later than six months after he has qualified under rule 2 (1) (b) above for election.

(2) Subject to the provisions of this rule, an associate shall qualify for election as a fellow if he—

(a) has been elected as an associate and has been so registered for a period of not less than two years ; and

(b) has passed the institute's examination for fellows or is the holder of any other qualification prescribed by the Council ; and

(c) thereafter applies to the Council in the Form D of the said Schedule 3, not later than six months after he has qualified under rule 2 (1) (b) above for election.

(3) The Council shall, not later than *two months* after the closing date for receipt of applications under either paragraph (1) or (2) of this rule, meet to consider the applications and thereafter the registrar shall inform each applicant in writing of the results of the relevant election meeting.

(4) Subject to the provisions of these rules as to payment of fees, a person who is elected as a fellow or as an associate shall be entitled to the use of the letters in Schedule 2 to these rules as may be authorised by the Council, according as he is a fellow or an associate, and shall when so elected receive a certificate in the Form F of the said Schedule 3.

Student and ordinary membership.

3.—(1) Every applicant for student membership of the institute shall—

(a) be medically and physically fit, and

(b) be of an age and educational standard approved by the Council ;

and an application for entry in the index of student members shall be in the Form J of Schedule 3 to these rules and be accompanied by the documents specified in that form.

(2) If the application is approved, the registrar shall inform the applicant in writing and, subject to the payment of the fees prescribed in Schedule 1 to these rules, enter his name in the index.

(3) The index of student members shall be in the Form C of the said Schedule 3.

(4) A student member who has successfully passed the part 1 examination of the institute or who possesses other equivalent qualification recognised by the council for the purpose qualifies for election for the status of ordinary member of the institute. Ordinary membership shall be shown by entry in an appropriate column so provided in the index of student members.

4.—(1) A person who is not a citizen of Nigeria may be registered as a technologist under these rules if the country of which he is a citizen grants reciprocal registration facilities to Nigerian citizens and—

Conditions for registration of non-Nigerian as technologist.

(a) he holds a diploma or other equivalent qualification recognized by the Council ; or

(b) he has passed the Council's examination in the appropriate category or, in the case of a member requiring one year's experience, he thereafter acquires the required experience in accordance with paragraph 2 of rule 1 above ; and

(c) he has been resident in Nigeria for not less than 12 months immediately preceding the date of his application for registration ; and

(d) he pays the appropriate fees prescribed in Schedule 1 to these rules.

(2) An applicant under rule 4 (1) above who intends to be resident in Nigeria for not more than 12 months immediately succeeding the date of his application for registration may be granted temporary registration.

5.—(1) Subject to section 6 (3) of the Decree, the register of technologists shall be kept in accordance with Form A of Schedule 3 to these rules.

Manner in which registers are to be kept.

(2) The provisional register of technologists shall be kept in accordance with Form B of the said Schedule 3, and shall also include those registered concessionally and in a temporary capacity.

(3) The name of a person shall not be transferred from the provisional register to the register except with the approval of the Council and after payment of the registration fee prescribed in Schedule 1 to these rules.

Application for registration in the register.

6.—(1) Application for registration in the register as members shall be made in the Form E of Schedule 3 to these rules and shall be accompanied by the registration fee prescribed in Schedule 1 to these rules.

(2) The certificate of registration shall be in the Form F of the said Schedule 3.

Application for registration in provisional register.

7.—(1) Applications for temporary registration in the provisional register shall be made in the Form G of the said Schedule 3 and shall be accompanied by—

(a) testimonial given by two sponsors who are registered technologists in Nigeria ;

(b) two copies of a passport size photograph certified by a person approved by the council ; and

(c) a registration fee of three guineas.

(2) The certificate of provisional registration shall be in the Form H of the said Schedule 3.

Annual practising fees, etc.

8. Every person registered under these rules, not being a person of a class exempted under the Decree shall on or before 1st January each year, if he is—

(a) a registered technologist, pay the prescribed annual practising fee in Schedule 1 to these rules, or

(b) of a class other than of registered technologists, pay the prescribed annual subscription fee in Schedule 1 to these rules ;

and upon receipt of a fee under paragraph (a) of this rule, the registrar shall issue a practising certificate in the Form K of Schedule 3 to these rules.

Removal of names from the register.

9.—(1) Where the registrar is required under the Decree to remove the name of a person from the register he shall in the notice to the person affected inform him of his right in a proper case to have his name retained in the register ; and in any such case the applicant may complete Form L of Schedule 3 to these rules and forward it by registered post to the registrar who shall deal with it as directed by the Decree, or refer the application to the Council, as the case may require.

(2) If pursuant to section 6 (5) or 6 (6) of the Decree the registrar thereafter shall remove the names of a technologist from the register, the registrar shall cause a notification of such removal to be published in the Federal Gazette.

Additional qualifications to be entered in the register.

10. If a registered technologist certifies that he has an acceptable degree or qualification additional to that by virtue of which he is registered under these rules the council may direct the registrar to amend the register ; and the registrar shall, without payment of any fee, amend the register by inserting therein the particulars of the degree or other qualification, as the case may be.

Concessional registration in special circumstances.

11. The council may, in any proper case and subject to the payment of the fees prescribed in Schedule 1 to these rules, grant concessional registration in the provisional register to any person who has practised as a laboratory technician for a period of not less than ten years in an approved laboratory, provided that by the 1st of October 1969 he was holding a post equivalent to that to which a registered technologist under the Decree receives direct appointment in the public service of the Federation or of a State ; and while the name of that person continues to be so provisionally registered he shall be entitled to be known as a medical laboratory technologist, and the provisions of the Decree (other than any entitling entry of his name on the register of technologists) and the benefits under these rules shall apply.

12. In these rules, except where the context otherwise requires,—

“member” means a medical laboratory technologist registered pursuant to section 1 (5) (a) and (c) of the Decree ;

“ordinary member” means a student who has passed the Part I Examinations of the institute or holds an equivalent qualification approved by the Council ;

“provisional register” means a provisional register of technologists maintained by the Council under rule 5 (2) or rule 11 of these rules ;

“register” means the register of technologists maintained by the Council under section 6 (2) of the Decree ;

“technologist” means a person qualified for admission to the institute as a fellow, as an associate or one who has been granted concessional registration in the provisional register under Rule 11, but does not include any person entitled in an honorary capacity.

13.—(1) These rules may be cited as the Medical Laboratory Technologists (Registration) Rules 1971 and shall apply throughout the Federation.

(2) These rules shall be deemed to have come into force on 1st October 1970.

Citation,  
extent and  
commence-  
ment.

## SCHEDULES

### SCHEDULE 1

*Rules 1, 3, 4, 5 and 8*

#### FEES

|   | £  | s  | d |
|---|----|----|---|
| <b>REGISTRATION :</b>                           |    |    |   |
| Fellow .. .. .                                  | 10 | 10 | 0 |
| Associate .. .. .                               | 5  | 5  | 0 |
| Ordinary Member .. .. .                         | 2  | 2  | 0 |
| Student Member .. .. .                          | 2  | 2  | 0 |
| Technologist under rule 11 .. .. .              | 3  | 3  | 0 |
| <b>ANNUAL SUBSCRIPTION OR PRACTISING FEES :</b> |    |    |   |
| Fellow .. .. .                                  | 4  | 4  | 0 |
| Associate .. .. .                               | 4  | 4  | 0 |
| Ordinary .. .. .                                | 2  | 2  | 0 |
| Student Member .. .. .                          | 1  | 1  | 0 |
| Technologist under rule 11 .. .. .              | 3  | 3  | 0 |
| <b>EXAMINATIONS :</b>                           |    |    |   |
| Laboratory Auxiliaries Certificate .. .. .      | 3  | 3  | 0 |
| Diploma Examination Part I .. .. .              | 6  | 6  | 0 |
| Diploma Examination Part II .. .. .             | 10 | 10 | 0 |
| Fellowship .. .. .                              | 10 | 10 | 0 |

### SCHEDULE 2

*Rule 2 (4)*

#### LETTERS FOR USE BY FELLOWS OR ASSOCIATES OF THE INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY

|                        |                      |
|------------------------|----------------------|
| For Fellows .. .. .    | F.I.M.L.T. (Nigeria) |
| For Associates .. .. . | A.I.M.L.T. (Nigeria) |

## SCHEDULE 3

## FORM A

## THE REGISTER OF MEDICAL LABORATORY TECHNOLOGISTS

*Institute of Medical Laboratory Technology Decree 1968*

(1968 No. 56)

| <i>Registration No.</i> | <i>Date of Registration</i> | <i>Full Name</i> | <i>Address</i> | <i>Qualification</i> | <i>Date of Qualification</i> | <i>Signature of Registrar</i> | <i>Remarks</i> |
|-------------------------|-----------------------------|------------------|----------------|----------------------|------------------------------|-------------------------------|----------------|
|                         |                             |                  |                |                      |                              |                               |                |

## FORM B

## THE PROVISIONAL REGISTER OF MEDICAL LABORATORY TECHNOLOGISTS

*Institute of Medical Laboratory Technology Decree 1968*

(1968 No. 56)

| <i>Registration No.</i> | <i>Date of Registration</i> |                  | <i>Full Name</i> | <i>Address</i> | <i>Institution Where Qualified</i> | <i>Period of Internship</i> |           | <i>Remarks</i> | <i>Signature of Registrar</i> |
|-------------------------|-----------------------------|------------------|------------------|----------------|------------------------------------|-----------------------------|-----------|----------------|-------------------------------|
|                         | <i>Provisional</i>          | <i>Temporary</i> |                  |                |                                    | <i>From</i>                 | <i>To</i> |                |                               |
|                         |                             |                  |                  |                |                                    |                             |           |                |                               |

## FORM C

INDEX OF STUDENT MEMBERS OF THE INSTITUTE OF  
MEDICAL LABORATORY TECHNOLOGY*Institute of Medical Laboratory Technology Decree 1968*

(1968 No. 56)

B 204

| <i>Index No.</i> | <i>Date of Registration</i> | <i>Full Names</i> | <i>Address</i> | <i>Educational Qualification</i> | <i>Institution of Training</i> | <i>Examination passed or Exemption Granted</i> |
|------------------|-----------------------------|-------------------|----------------|----------------------------------|--------------------------------|--|
|                  |                             |                   |                |                                  |                                |  |

*Additional Columns :* (1) Date.  
(2) Remarks.  
(3) Signature of Registrar.

## FORM D

APPLICATION FOR ELECTION AS A FELLOW/AN ASSOCIATE  
OF THE INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY  
OF NIGERIA

*Institute of Medical Laboratory Technology Decree 1968  
(1968 No. 56)*

To the Registrar,  
Institute of Medical Laboratory Technology of Nigeria,  
P.M.B. 1048,  
Yaba.

I, .....being an  
associate/ordinary member of the Institute of Medical Laboratory Techno-  
logy of Nigeria/.....

*(here insert name of equivalent foreign Institute)*

hereby apply for election as a Fellow/Associate of the Institute.

1. In support I declare—

(a) I am .....  
*(state nationality and how acquired, i.e. by birth,  
naturalisation, etc.)*

(b) my qualifications are.....  
.....  
.....

(c) I am informed and verily believe that.....  
.....  
*(here name the country)*

of which I am a citizen/national grants reciprocal registration  
facilities to Nigerian citizens.

2. The two Fellows of the institute hereunder are my referees :

(a) .....of.....

(b) .....of.....

3. I attach hereto a certificate/diploma from.....  
.....as evidence of my qualification.  
*(here insert name of Institution)*

4. I declare that the above statements are correct.

MADE and declared by me at.....this.....day of.....19.....

.....  
*Signature of Witness*

.....  
*Signature of Applicant*

Address.....  
.....

**Note :** Originals of diplomas and certificates must be produced before the  
Council with a photostat copy of each document for retention by  
the Council.

## FORM E

INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY  
OF NIGERIA



APPLICATION FOR FULL/PROVISIONAL REGISTRATION  
AS MEDICAL LABORATORY TECHNOLOGIST

To be completed in duplicate. This form must be returned to the Registrar, Institute of Medical Laboratory Technology of Nigeria, P.M.B. 1048, Yaba, Nigeria, together with,

- (a) originals of certified copies of certificate,  
(b) passport size photograph and Registration fees of £10-10s (Fellow)  
£5-5s (Associate).

*For Official Use Only*

Registration No. ....

Documents received .....

Documents returned .....

Attach securely here a recent photograph (passport size) of candidate.

APPLICATION FOR FULL/PROVISIONAL REGISTRATION  
AS MEDICAL LABORATORY TECHNOLOGIST

1. Name of Applicant .....

If married give maiden name .....

Sex .....

Date of birth .....

Place of birth .....

Nationality .....

Marital status .....

2. Official Address (for correspondence).....

.....

3. Permanent Home Address (in country of origin).....

.....

4. Address where Professional Business is carried out in Nigeria.....

.....

5. Educational Record (including Secondary Schools attended.)

| <i>Name of Institution</i> | <i>Place and Country</i> | <i>Years Attended</i> |           | <i>Certificates, Degrees or Diplomas obtained</i> | <i>Grade of Certificate</i> |
|----------------------------|--------------------------|-----------------------|-----------|---|-----------------------------|
|                            |                          | <i>From</i>           | <i>To</i> |   |                             |
| 1. ....                    |                          |                       |           |   |                             |
| 2. ....                    |                          |                       |           |   |                             |
| 3. ....                    |                          |                       |           |   |                             |
| 4. ....                    |                          |                       |           |   |                             |
| 5. ....                    |                          |                       |           |   |                             |

#### Professional Record

6.—(a) Training (in chronological order).

| <i>Name of Institution</i> | <i>Place and Country</i> | <i>Years Attended</i> |           | <i>Qualification</i> | <i>Field of Study</i> |
|----------------------------|--------------------------|-----------------------|-----------|----------------------|-----------------------|
|                            |                          | <i>From</i>           | <i>To</i> |                      |                       |
| 1. ....                    |                          |                       |           |                      |                       |
| 2. ....                    |                          |                       |           |                      |                       |
| 3. ....                    |                          |                       |           |                      |                       |
| 4. ....                    |                          |                       |           |                      |                       |
| 5. ....                    |                          |                       |           |                      |                       |

## (b) Experience (in chronological order)

| <i>Appointment</i> | <i>Place of Employment</i> | <i>Period of appointment</i> |           | <i>Nature of Duty</i> |
|--------------------|----------------------------|------------------------------|-----------|-----------------------|
|                    |                            | <i>From</i>                  | <i>To</i> |                       |
| 1. ....            |                            |                              |           |                       |
| 2. ....            |                            |                              |           |                       |
| 3. ....            |                            |                              |           |                       |
| 4. ....            |                            |                              |           |                       |
| 5. ....            |                            |                              |           |                       |
| 6. ....            |                            |                              |           |                       |
| 7. ....            |                            |                              |           |                       |

7. Previous Registration with a similar Body Elsewhere (give particulars to include the address of the Registering authorities).
- .....
- .....

8. Any other information considered useful for assessment of application.
- .....
- .....

9. Declaration by Applicant

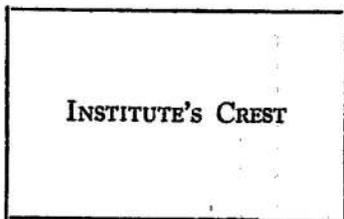
I hereby declare that the particulars which I have supplied above are true and correct to the best of my knowledge and belief.

*Signature*.....

*Date*.....

FORM F

*Institute of Medical Laboratory Technology Decree 1968*



**CERTIFICATE OF REGISTRATION AS A  
MEDICAL LABORATORY TECHNOLOGIST**

Registration No.....

This is to certify that M.....  
of..... has satisfied  
the Council of the Institute of Medical Laboratory Technology that he/she  
has duly complied with the requirements of the Institute of Medical Laboratory  
Technology Decree 1968, and his/her name is hereby directed to be  
entered in the Register of Technologists as a medical laboratory technologist  
in the class of FELLOW/ASSOCIATE.

This certificate confers no right to practise as a medical laboratory  
technologist in Nigeria without such entry being first made ; and thereafter  
the right so to practise is subject to payment of the prescribed annual fee.

MADE at.....this.....day of.....19...on  
behalf of the Institute of Medical Laboratory Technology.

.....  
*Chairman*

SEAL OF THE INSTITUTE

.....  
*Member*

.....  
*Member*

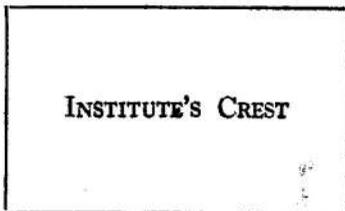
Entered accordingly this.....day of.....19.....

.....  
*Registrar, Institute of  
Medical Laboratory Tech-  
nology of Nigeria*

This certificate is the property of the Institute of Medical Laboratory  
Technology of Nigeria and is issued under section 15 (2) (b) of the Institute  
of Medical Laboratory Technology Decree 1968.

FORM G

INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY  
OF NIGERIA



APPLICATION FOR TEMPORARY REGISTRATION  
AS MEDICAL LABORATORY TECHNOLOGIST

To be completed in duplicate (This form must be returned to the Registrar, Institute of Medical Laboratory Technology of Nigeria, P.M.B. 1048, Yaba, Nigeria, at least ONE month in advance of the date on which appointment is due to begin. It should be accompanied by (a) original or certified copies of certificates (b) passport size photograph and (c) registration fees of ₦10-10s (Fellow) ₦5-5s (Associate) payable on each occasion on which temporary registration is granted irrespective of any fee previously paid by the applicant).

|                              |
|------------------------------|
| <i>For Official Use Only</i> |
| Registration No. ....        |
| Documents received .....     |
| .....                        |
| Documents returned .....     |
| .....                        |

|  |
|--|
| Attach securely<br>here a recent<br>photograph<br>(passport size)<br>of candidate. |
|--|

APPLICATION FOR TEMPORARY REGISTRATION  
AS MEDICAL LABORATORY TECHNOLOGIST

1. Name of applicant.....
- If married give maiden name.....
- Sex..... Date of birth.....
- Place of birth..... Nationality.....
- Marital status.....
2. Official Address (for correspondence).....
- .....

3. Permanent Home Address (*in country of origin*).....

.....

4. Address where Professional Business is to be carried out in Nigeria

.....

.....

5. Educational Record (*including Secondary Schools attended*).

|    | Name of Institution | Place and Country | Years Attended |    | Certificates degrees or Diplomas obtained | Grade of Certificate |
|----|---------------------|-------------------|----------------|----|---|----------------------|
|    |                     |                   | From           | To |   |                      |
| 1. |                     |                   |                |    |   |                      |
| 2. |                     |                   |                |    |   |                      |
| 3. |                     |                   |                |    |   |                      |
| 4. |                     |                   |                |    |   |                      |

6. Period for which registration is sought.....

7. (a) Date of first entry into Nigeria.....

(b) Purpose of entry into Nigeria.....

(c) Probable date of departure from Nigeria.....

8. Professional Record.

(a) Training (in chronological order).

|    | Name of Institution | Country | Years Attended |    | Qualification | Field of Study |
|----|---------------------|---------|----------------|----|---------------|----------------|
|    |                     |         | From           | To |               |                |
| 1. |                     |         |                |    |               |                |
| 2. |                     |         |                |    |               |                |
| 3. |                     |         |                |    |               |                |
| 4. |                     |         |                |    |               |                |
| 5. |                     |         |                |    |               |                |

## (b) Experience (in chronological order).

| <i>Appointment</i> | <i>Place of employment</i> | <i>Period of appointment</i> |           | <i>Nature of Duty</i> |
|--------------------|----------------------------|------------------------------|-----------|-----------------------|
|                    |                            | <i>From</i>                  | <i>To</i> |                       |
| 1. ....            |                            |                              |           |                       |
| 2. ....            |                            |                              |           |                       |
| 3. ....            |                            |                              |           |                       |
| 4. ....            |                            |                              |           |                       |
| 5. ....            |                            |                              |           |                       |
| 6. ....            |                            |                              |           |                       |
| 7. ....            |                            |                              |           |                       |
| 8. ....            |                            |                              |           |                       |

9. Previous registration with a similar body elsewhere (give particulars to include the address of the Registering authorities).

.....

.....

10. Declaration by applicant—I hereby declare that the particulars which I have supplied above are true and correct to the best of my knowledge and belief.

*Signature* .....

*Date* .....

11. Certificate by Employing Authority.

I hereby certify that M.....  
by whom this application is made has been selected for employment as  
a medical laboratory technologist in the undermentioned institution.

Name of Institution .....

Address .....

(If more than one institution please specify each)

Description of Post .....

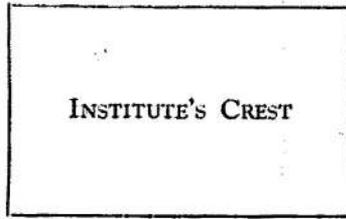
Period of Employment .....

*Signature* .....

*Official Position* .....

*Date* .....

## FORM H

*Institute of Medical Laboratory Technology Decree, 1968*

**CERTIFICATION OF REGISTRATION ON THE  
PROVISIONAL REGISTER OF MEDICAL LABORATORY  
TECHNOLOGISTS**

Registration No. ....

This is to certify that M. ....

of .....  
has satisfied the Council of the Institute of Medical Laboratory Technology of Nigeria as to his/her qualification for provisional registration under the Institute of Medical Laboratory Technology Decree 1968, and his/her name is hereby directed to be entered in the Provisional Register of Medical Laboratory Technologists kept pursuant to the Institute of Medical Laboratory Technology Decree 1968.

This certificate confers no entitlement to practise independently as a medical laboratory technologist, and final registration shall not be effected without the approval of the Council aforesaid.

MADE at ..... this ..... day of ..... 19..... for  
and on behalf of the Institute of Medical Laboratory Technology of Nigeria.

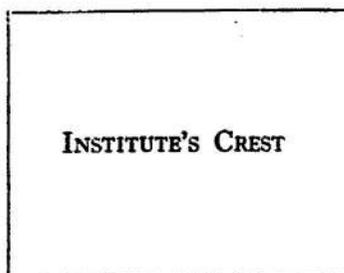
.....  
*President*.....  
*Member*.....  
*Member*

REGISTERED accordingly this ..... day of ..... 19.....

.....  
*Registrar, Institute of Medical  
Laboratory Technology of Nigeria*

This certificate is the property of the Institute of Medical Laboratory Technology of Nigeria and is issued under section 15 (2) (b) of the Institute of Medical Laboratory Technology Decree 1968.

FORM J  
 INSTITUTE OF MEDICAL LABORATORY TECHNOLOGY  
 OF NIGERIA



APPLICATION FOR REGISTRATION AS STUDENT  
 TECHNOLOGIST

To be completed in duplicate. (This form must be returned to the Registrar, Institute of Medical Laboratory Technology of Nigeria, P.M.B. 1048, Yaba, Nigeria, together with :

- (a) originals of certified copies of certificate,
- (b) passport size photograph, and
- (c) registration fees of ₦2-2s.

|                              |
|------------------------------|
| <i>For Official Use Only</i> |
| Registration No.....         |
| .....                        |
| Documents received.....      |
| .....                        |
| Documents returned.....      |
| .....                        |

|  |
|--|
| Attach securely here<br>a recent photograph<br>(passport size) of<br>candidate |
|--|

APPLICATION FOR REGISTRATION AS STUDENT  
 TECHNOLOGIST

1. Name of Applicant.....
- If married give maiden name.....
- Sex.....
- Date of birth.....
- Place of birth.....
- Nationality.....
- Marital status.....

2. Official Address (for correspondence).....

.....

3. Permanent Home Address (in country of origin).....

.....

.....

4. Address of Present Training Institution.....

.....

.....

5. Educational Record.

| <i>Name of Institution</i> | <i>Place and Country</i> | <i>Years Attended</i> |           | <i>Certificates obtained</i> | <i>Grade of Certificate</i> |
|----------------------------|--------------------------|-----------------------|-----------|------------------------------|-----------------------------|
|                            |                          | <i>From</i>           | <i>To</i> |                              |                             |
| 1. ....                    |                          |                       |           |                              |                             |
| 2. ....                    |                          |                       |           |                              |                             |
| 3. ....                    |                          |                       |           |                              |                             |
| 4. ....                    |                          |                       |           |                              |                             |
| 5. ....                    |                          |                       |           |                              |                             |

6. Training Record (in chronological order)

| <i>Name and Address of Institution</i> | <i>Date</i> |           | <i>For Official Use Only</i> |
|--|-------------|-----------|------------------------------|
|  | <i>From</i> | <i>To</i> |                              |
| 1. ....                                |             |           |                              |
| 2. ....                                |             |           |                              |
| 3. ....                                |             |           |                              |
| 4. ....                                |             |           |                              |

7. Details of any previous application for registration.....  
 .....  
 .....

8. Declaration by Applicant :

I hereby declare that the particulars which I have supplied above are true and correct to the best of my knowledge and belief.

*Signature*.....

*Date*.....

9. Certificate by a member of the Institute in charge of Training.

I, ..... being a Fellow or an Associate of the Institute of Medical Laboratory Technology of Nigeria, do hereby certify that the details given in item 6 above are correct.

*Signature*.....

*Official Position*.....

*Date*.....

FORM K

ANNUAL LICENCE TO PRACTISE AS A  
 MEDICAL LABORATORY TECHNOLOGIST

(Under the Institute of Medical Laboratory Technology Decree 1968)

M..... of.....

..... having duly paid the prescribed fees is hereby licensed to practise as a Medical Laboratory Technologist, under the Institute of Medical Laboratory Technology Decree 1968, in Nigeria.

This licence expires on the 31st day of December 19.....

.....  
*Registrar*

Seal of the Institute.

FORM L  
APPLICATION FOR RETENTION OF NAME  
ON THE REGISTER

(Under the Institute of Medical Laboratory Technology Decree 1968)

This form may be altered according to the circumstances

To The Registrar,  
Office of Institute of Medical  
Laboratory Technology,  
P.M.B. 1048,  
Yaba.

I, ..... of .....

..... Registration No. ....

require my name to be retained on the Register and hereby apply for a practising certificate for the year commencing on 1st January 19..... to 31st December 19.....

I enclose herewith the amount of ..... being the annual practising fee.

.....  
*Applicant*

The Seal of the Institute of Medical Laboratory Technology of Nigeria was hereto affixed pursuant to a resolution at Lagos this 16th day of July 1971 in the presence of :—

DR S. L. ADESUYI  
*Chairman*

L.S.

and of

E. I. MADOJEMU  
*Registrar/Secretary*

APPROVED at Lagos this 17th day of August 1971.

DR J. O. J. OKEZIE,  
*Federal Commissioner for Health*