



# THE NIGERIAN INSTITUTE OF BUILDING

(STATUTORILY BACKED BY ACT CAP, B.13 LFN, 2004)

NATIONAL SECRETARIAT:

APDC Capital Estate, Opp. Brick City, By Mopol Barracks, Kubwa Expressway,  
Kaba District, Abuja. Tel: +234 (0) 808 924 8789, (0) 809 878 1893

E-mail: info@niobnat.org Website: www.niobnat.org

**AFFIX  
2 RECENT  
PASSPORT  
PHOTOGRAPHS**

## EXAMINATION FORM

### A. PERSONAL DETAILS

1. Full Name.....

(Surname)

(Forenames)

2. Postal Address to which all Examination correspondence should be posted

.....  
.....

P. O. Box if any.....

E-mail: ..... Tel. ....

Are you an NIOB member? ..... If yes, state grade of

Membership Grade: ..... Membership no.: .....

If no, indicate whether you have applied formally Yes  No

### B. PLEASE INDICATE THE GRADE OF EXAMINATION APPLIED FOR

- TECHNICIAN EXAMINATION
- LICENTIATE EXAMINATION
- TECHNOLOGIST EXAMINATION
- GRADUATE EXAMINATION
- CORPORATE EXAMINATION
- MATURED CANDIDATES EXAMINATION
- REFERRED PAPER(S). Please indicate the subject(s) .....

**C. CENTRE**

- Abuja
- Lagos
- Uyo
- Bauchi
- Kano
- Enugu

**Note:** Any Centre that does not meet the minimum requirement as approved by the Institutes Exams policies will not hold. NIOB reserves the right to move candidates to nearest centre

**D. EDUCATION BACKGROUND**

| INSTITUTION ATTENDED | CERTIFICATE(S) OBTAINED | YEAR |
|----------------------|-------------------------|------|
|                      |                         |      |
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|                      |                         |      |

**NIOB PROFESSIONAL EXAMINATION(S) PASSED**

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**OTHER PROFESSIONAL EXAMINATION(S) PASSED**

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**E. DECLARATION:**

I declare that to the best of my knowledge the particulars given by me are true and correct and I agree to abide by the decisions(s) of the Examination Committee of the Institute on all matters pertaining to this Examination.

**Applicant's Signature:** ..... **Date:** .....

**F. STATE CHAPTER DECLARATION**

**DECLARATION:** This is to certify that, the particulars given to me by the applicant are true and correct. He /She is hereby recommended for the ..... examination

.....  
**Name, Sign/Membership No.**  
**Chapter Chairman**

.....  
**Name, sign/Membership No.**  
**Chapter Secretary**

**G. EMPLOYER’S OR HEAD OF DEPARTMENT’S DECLARATION**

**Note:** This section is to be completed by the applicant’s employer but if the applicant is still at the college, the head of department shall complete the section.

**1) Name of employer/Head of department .....**

.....

**2) Business address/office/Institution Address.....**

.....

**E-mail: ..... Tel: .....**

**3) Nature of Business .....**

.....

**4) Position of applicant .....**

**5) Date of employment .....**

**Brief details of employer’s or head of department’s knowledge on applicant’s experience and professional responsibilities.**

**Use separate sheet(s) if necessary**

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**Declaration:** I declare that to the best of my knowledge, the particulars given to me, by the applicant are true and correct.

**EMPLOYER’S OR HEAD OF DEPARTMENT’S**

**SIGNATURE/STAMP .....**

**DATE: .....**

**H. CONDITIONS**

1. The Institute cannot enter into correspondence with anybody in connection with Examination results nor will it state reason for any decisions made with reference to the examination.
2. Only fully paid-up members of the Institute will be allowed to sit for the examination.
3. The examination will be set on the basis of the syllabus published by the Institute.
4. The full examination fee must be paid by bank draft/transfer to the Institute Account while returning the duly completed application form to the **Registrar, Nigerian Institute of Building, APDC Capital Estate, Opposite Brick city, by Mopol Barracks, Kubwa Express way, Kaba District, Abuja.**

**FOR OFFICIAL USE ONLY**

Date of receipt of application .....

Amount paid .....

Receipt Number .....(N K)

Application approved/rejected .....

Grade of examination approved .....

Examination Number allocated .....

.....

EXAMINATION OFFICER AND DATE

.....

SIGNATURE OF REGISTRAR AND DATE