

Competition! Competition!! Competition!!!
NATIONAL WELDING COMPETITION

APPLICATION FORM

PERSONAL DETAILS

Prefix : Name:

Marital Status: Sex: Date of Birth: Age:

Home address:

Contact address:

City: State: ZIP Code:

Telephone: Mobile:

Email:

Any medical condition/History (please indicate):

Please, indicate if you are currently employed / studying. Provide details below

Welding Skills competence level (indicate how many welding processes your competence covers):

ACADEMIC INFORMATION

Primary school attended with date:

Secondary School attended with date:

HIGHER INSTITUTION ATTENDED

**Competition! Competition!! Competition!!!
NATIONAL WELDING COMPETITION**

English Proficiency: (Please Tick (X) as Appropriate)

Read:	A (Fluent),	B (Good working knowledge),	C (Simple ability),	D (Some understanding)
Written:	A (Fluent),	B (Good working knowledge),	C (Simple ability),	D (Some understanding)
Spoken:	A (Fluent),	B (Good working knowledge),	C (Simple ability),	D (Some understanding)
Listening:	A (Fluent),	B (Good working knowledge),	C (Simple ability),	D (Some understanding)

DECLARATION

Ihaving studied the form, I do hereby declare that all the information supplied therein are true and correct.

Signature:

Date:

FOR OFFICIAL USE ONLY

COMMENT:

.....

ACCEPTED

DENIED

Name:

Signature:

Date:

*****Please, attach hard copies of the following;**

1. Birth certificate
2. Means of Identification (**National ID, Drivers licence, International passport data page**)
3. Medical certificate from a Government Hospital
4. Academic certificates
5. Proof of Welding competence

*****Submission**

Hard copies should be submitted to any of the address below;

- Secretariat; KM 26 Benin - Sapele Road, Obayantor, Edo State.
- Abuja Liaison office; 3B David Mark Street, Durumi, Gudu District, Abuja.

Electronic copies should be emailed to; nwc2020@niw.ng