



# Michael Imoudu National Institute for Labour Studies

**Federal Ministry of Labour & Employment**

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## PROFESSIONAL CERTIFICATE IN INDUSTRIAL AND LABOUR RELATIONS (PCILR)

**Affix 2  
Passport Size  
Photograph**

### MEMBERSHIP REGISTRATION FORM

Reg. Form No:

#### PERSONAL DATA *(In block letters please)*

|                 |                                    |   |                          |
|-----------------|------------------------------------|---|--------------------------|
| TITLE           | SURNAME                            | FIRST NAME                                    | OTHER NAMES              |
| GENDER          | DATE OF BIRTH                      | MARITAL STATUS MAIDEN                         | NAME (FOR MARRIED WOMEN) |
| STATE OF ORIGIN | NATIONALITY <i>(Non-Nigerians)</i> | LOCAL GOVERNMENT AREA <i>(Nigerians Only)</i> |                          |
| E-MAIL ADDRESS  | PHONE NO (GSM)                     | CONTACT ADDRESS                               |                          |

#### PLEASE SELECT ONLY YOUR MAIN FIELD OF OCCUPATION

- |  |   |
|--|---|
| Administrator/Manager [ <input type="checkbox"/> ]                           | Arbitrator/Conciliator/Mediator [ <input type="checkbox"/> ]              |
| Consultant [ <input type="checkbox"/> ]                                      | Civil/Public Servant [ <input type="checkbox"/> ]                         |
| Employers' Organisation Representative [ <input type="checkbox"/> ]          | Employment Relations Specialist [ <input type="checkbox"/> ]              |
| Government Representative [ <input type="checkbox"/> ]                       | HRM Specialist [ <input type="checkbox"/> ]                               |
| Industrial Relations Specialist [ <input type="checkbox"/> ]                 | Judge [ <input type="checkbox"/> ]  |
| Journalist/Communications Specialist [ <input type="checkbox"/> ]            | Lawyer [ <input type="checkbox"/> ]                                       |
| Labour Law Specialist [ <input type="checkbox"/> ]                           | Non-Governmental Organisation Representative [ <input type="checkbox"/> ] |
| Occupational Safety and Health/Labour Inspector [ <input type="checkbox"/> ] | University Professor/Researcher [ <input type="checkbox"/> ]              |
| Union/Workers' Organisation Representative [ <input type="checkbox"/> ]      | Others, please specify: .....   |

NAME OF ORGANISATION

ADDRESS OF ORGANISATION

**BUSINESS OF THE ORGANISATION**

**POSITION IN THE ORGANISATION**

**YEARS OF WORKING IN THE ORGANISATION**

**ACADEMIC RECORD** (*Institutions Attended with Dates*)

| NAME OF INSTITUTION | PERIOD |    | QUALIFICATION OBTAINED |
|---------------------|--------|----|------------------------|
|                     | FROM   | TO |                        |
|                     |        |    |                        |

| LIST MEMBERSHIP OF OTHER PROFESSIONAL ASSOCIATIONS | RESEARCH PUBLICATIONS WITH DATES      |
|--|---------------------------------------|
| 1.   | 1.                                    |
| 2.   | 2.                                    |
| 3.   | 3.                                    |
| CONFERENCES/WORKSHOPS ATTENDED WITH DATES          | MINILS PROGRAMMES ATTENDED WITH DATES |
| 1.   | 1.                                    |
| 2.   | 2.                                    |

