

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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|  |             |                             |                     |                        |
|--|-------------|-----------------------------|---------------------|------------------------|
| <b>English Proficiency:</b> (Please Tick (X) as Appropriate) |             |                             |                     |                        |
| <b>Read:</b>   | A (Fluent), | B (Good working knowledge), | C (Simple ability), | D (Some understanding) |
| <b>Written:</b>  | A (Fluent), | B (Good working knowledge), | C (Simple ability), | D (Some understanding) |
| <b>Spoken:</b>   | A (Fluent), | B (Good working knowledge), | C (Simple ability), | D (Some understanding) |
| <b>Listening:</b>  | A (Fluent), | B (Good working knowledge), | C (Simple ability), | D (Some understanding) |

**DECLARATION**

I .....having 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](mailto:nwc2020@niw.ng)**