

**Department of Biochemistry and Nutrition,**

**Nigerian Institute of Medical Research**

*in collaboration with*

**Parasitology and Bioinformatics Unit,**

**Department of Zoology, University of Lagos**

**A. BIODATA**

Top of Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Surname (family name) :* | | *First name :* | | | *Middle Name:* |
| *Date of Birth* | *Gender (M/F)* | | *Email address:* | | |
| *Postal Address:* | | | | *Telephone Number:* | |
| *Date of completion of MSc/Mphil:* | | | | *Msc/Mphil Awarding Institution:* | |
| *MSc/Mphil Thesis Area:* | | | | *Nationality:* | |

Bottom of Form

**B. STATEMENT OF CAREER GOALS AND PLANS** (*Maximum of 350 words*)

|  |
| --- |
|  |

**C. PRIOR RESEARCH EXPERIENCE** (*Maximum of 350 words*)

|  |
| --- |
|  |

**CHECKLIST FOR SUBMITTING APPLICATIONS:**

Please send copies of the following required documents to **oyebolakolapo@yahoo.com**

* Filled Application Form
* Two letters of recommendation from Professors or Senior Scientists
* Full CV
* BSc and MSc/Mphil Certificates

**Submission deadline:** 14th December, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Application Number:

Date submitted:

Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_